

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000023701 (3)

1. Corporation Name

EVERSHINE ONE, INC.

Principal Place of Business

530 S. LAKESHORE WAY  
LAKE ALFRED FL 33850  
US

Mailing Address

425 W COLONIAL DR #101  
ORLANDO FL 32804-6863



2. Principal Place of Business

21

2a. Mailing Address

26 730 W. Colonial Dr

23

Zip Country

28 Orlando, FL

29 32804 30 USA

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3235820

Applied For

Not Applicable

5. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAJANI, KARIM  
425 W COLONIAL DR #101  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name Alnoor Akberali  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 530 S. Lakeshore Way  
84 City Lake Alfred FL 85 Zip Code 33850

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | JIWANI, JAFFER           |                                 |
| STREET ADDRESS | 425 W COLONIAL DR #101   |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32804         |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | AZINA, KANJI             |                                 |
| STREET ADDRESS | 425 W. COLONIAL DR. #101 |                                 |
| CITY-ST-ZIP    | ORLANDO FL               |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | JOOMA, SALIM             |                                 |
| STREET ADDRESS | 425 W COLONIAL DR #101   |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32804         |                                 |
| TITLE          | SD                       | <input type="checkbox"/> DELETE |
| NAME           | AKBERALI, ALNOOR         |                                 |
| STREET ADDRESS | 880 S. LAKESHORE WAY     |                                 |
| CITY-ST-ZIP    | LAKE ALFRED FL 33850     |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 730 W. Colonial Drive  |
| 1.4 CITY-ST-ZIP    | Orlando FL 32804   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 730 W. Colonial Drive  |
| 2.4 CITY-ST-ZIP    | Orlando FL 32804   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | 730 W. Colonial Drive  |
| 3.4 CITY-ST-ZIP    | Orlando FL 32804   |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | 595 S. RAMONA AVE.   |
| 4.3 STREET ADDRESS | LAKE ALFRED FL 33850   |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V

SIGNATURE REQUIRED

4/15

941 956-3725

CR2E034 (9/96)