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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000024204 (7)

1. Corporation Name

8 TILL LATE AT PONTE VEDRA INC.

Principal Place of Business

832 A1A NORTH
1416 KINGSLEY AVE
PONTE VEDRA FL 32082
US

Mailing Address

C/O JAYESH PARAG
8720 ROLLING BROOK LANE
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1994

4. FEI Number

59-3233906

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PATEL, AJIT
832 A1A N
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME
D BHIKHA, BHAGIRATH
STREET ADDRESS
1237 E WILLOW OAKS DR
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME
D BHIKHA, SUNIL
STREET ADDRESS
1237 E WILLOW OAKS DR
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME
D PARAG, JAYESH
STREET ADDRESS
8720 ROLLING BROOK LN
CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
D PATEL, DILIP Z
STREET ADDRESS
4805 CONFEDERATE OAK DR
CITY-ST-ZIP
JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME
D PATEL, KANTI A
STREET ADDRESS
3000 CORONET LN APT 128
CITY-ST-ZIP
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME
D PATEL, AJIT
STREET ADDRESS
8720 ROLLING BROOK LN
CITY-ST-ZIP
JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Ajit Patel (V. PRES)

2/27/98

(914) 285-5356

CR2E034 (10/97)