FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000026090 (8) **DOCUMENT #**

1. Corporation Name

SIGNATURE:

TODAZ INVESTMENTS INC

IOFAZ	. IITYLOTIVILITTO, IITO						
Principal Place of	of Business	Ma ling Address				 	66110 15131 6811 1581
935 NWY 27 N SUITE 101 LAKE WALES FL 33853		SUITE 101	425 W. COLONIAL DRIVE SUITE 101 ORLANDO FL 32804		3. Date Incorporated or Qualified	3a. Date of Last	Report
US					04/04/1994	02/09/	
2. Principal Plac	ce of Business	2a. Mailing Address	\$		4. FEI Number 59-3235855		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for		s 199.032,
4 25		29]	30		Florida Statutes Yes No 10, Name and Address of New Registered Agent		
	9, Name and Address of Cur	rent Hegistered Agent		1 Name		Hegistered Agent	and the financial state of management and description of the first
DATEI	DHARMENDRA			$ \cdot $	IZINA KANJI		
	COLONIAL DRIVE		8	Street Addre	ess (P.O. Box Number is Not Accepta	able) # 10 1	,
SUITE 1			8	3	w. Wiener	OT /	
	DO FL 32804		-	1 04			7
				4 City N	ando	FL 85	Zip Code 32 <i>80</i> 4
or registere	o the provisions of Sections 607.0 Id agent, or both, in the State of F n, and accept the obligations of, S	ilorida. Such change was au	thorized by the co	named corporation's boar	ation submits this statement for the p d of directors. I hereby accept the ap	pointment as register	s registered office ed agent. I am
SIGNATURE _	Styriature, typed or printed narps, registered a	(ang)	/N/CITA Georgean A	gent signature required		4-16.96	
12.		AND DIRECTORS	13.	grant a grantine nequine.	ADDITIONS/CHANGES TO O		TORS IN 12
TITLE	VSD	DELETE	1. 1 1111	E		☐ Chang	e Addition
NAME	PATEL, DHARMENDRA	^	1.2 NAM	£			
STREET ADDRESS	425 W. COLONIAL DRIVE	E, #101	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY	- ST- ZIP			
TITLE	PD	DEFE LI	2.1 ไปไ	E		Chang	e 🔲 Addition
NAME			2 2 NAME				
STREET ADDRESS	425 W. COLONIAL DRIVE	E, #1 01	2 3 STRI	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804	F Drieti		-ST-ZIP		- Chan	a El Beldition
TITLE		DELETI	1			☐ Chang	e 🔲 Addition
NAME CZDCCZ ADGOCCC			3 2 NAV				
STREET ADDRESS		•		EET ADDRESS			
CITY-ST-ZIP TITLE		DELE TI		-ST-ZIP		[Chang	e 🗍 Addition
NAME			4 2 NAM			chang	
STREET ADDRESS				E1 ADDRESS			•
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETI			and a second	☐ Chang	e 🔲 Addition
NAME			5.2 NAM	IE.			
STREET ADDRESS			53 STR	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY	'- ST-7IP			
TITLE		DELETI	6 1 1178	.E		Chang	e 🔲 Addition
NAME			6.2 NAM	IE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP				'- S1- ZIP		0.07(0)(1) 5: :: 5:	
certify that oath; that I	the information indicated on this a	annual report or supplement orporation or the receiver or	al annual report is trustee empowere	true and accura	or the exemption stated in Section 11 de and that my signature shall have the s report as required by Chapter 607,	ne same legal effect a	s if made under that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407

407 4-16-96 423-2371 Date Daysing Prione #