


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

FILED
May 06 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 # P 94000042573 1. Corporation Name: M/S P.B. Gandhi, Inc.			
Principal Place of Business: 795 Cypress Garden Blvd Winter Haven FL 33880		Mailing Address: 795 Cyp. Grand Blvd. Winter Haven FL 33880	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3242047	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIJAY GANDHI 5850 Cypress Garden Blvd # 402 Winter Haven, FL 33884		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
		FL	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President <input type="checkbox"/> DELETE 1.2 NAME: VIJAY GANDHI 1.3 STREET ADDRESS: 5850 Cyp. Grand Blvd # 402 1.4 CITY-ST-ZIP: Winter Haven, FL 33884		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	
2.1 TITLE: Vice President <input type="checkbox"/> DELETE 2.2 NAME: MURKESH K. Patel 2.3 STREET ADDRESS: 5850 Cyp. Grand Blvd # 402 2.4 CITY-ST-ZIP: Winter Haven, FL 33884		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
3.1 TITLE: <input type="checkbox"/> DELETE 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
4.1 TITLE: <input type="checkbox"/> DELETE 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	
5.1 TITLE: <input type="checkbox"/> DELETE 5.2 NAME: 5.3 STREET ADDRESS: 5.4 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"/> DELETE 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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 included 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		100002179771 -05/15/97--01046--014 ***165.00	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: _____ Daytime Phone: _____			

CR2E034 (9/96)