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SIGNATULE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

4120194

941.956.9378

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400043748 (0)

POURAY CORPORATION

Principal Plac	ce of Business	Mailing Address				I IMBERINDEN IND 3DANS MINIS WOLLE DEIST MANSES			NI OH
2100 HWY 92 WEST WINTER HAVEN FL 33881 US		2100 HWY 32 WEST WINTER HAVEN FL 33881 US							
						3. Date Incorporated or Qualified 06/07/1994	3s. Date of L 05/01/19		port
	Place of Business	2a. Mailing Address □ ⊐				4. F[1 Number	-		olied For
21 Suite Ant	······································	26 Cuito Act # sto		-		59-3248347			Applicable
Suite, Apt.	-	Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		ided to	
Zip	Country	Zip Country				8. This corporation has liability for it			
24	25 29		30			Florida Statutes			
	9. Name and Address of Current R	egistered Agent		T		10. Name and Address of New Reg	istered Agent		
	ER, CHARLES R		۱	81	Name				
	5 BARTOW RD. SOUTH		 8	32	Street Addr	ess (P.O. Box Number is Not Acceptab	e)		
, LAKI	ELAND FL 33813		83						
.			[3					
			E	84	City		E1 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607 0502 at	ud 607 1508. Florida Stati	ites. The abo	100.1	named corn	oration submits this statement for the n	umose of chang	ino its	registered
office or a agent. I a	to the provisions of Sections 607.0502 at registered agent, or both, in the State of F am familiar with, and accept the obligation	florida Such change was ns of Section 607.0505, F	authorized Iorida Statut	by t tes.	he corporati	ion's board of directors. I hereby accep	I the appointmo	nt as r	egistered
SIGNATURE									
12.	Signatura, typod or printed name of registered agent at OF FICERS AND D		11 Hog stored /	Agen:	signal introcurr	ed when reinstatiog) ADDITIONS/CHANGES 10 OFFIC	OALL ERS AND DIRE	C1089	
TITLE	PD	DELETE	1.1 101.	 E		ABBITONS/OFFINALS TO OFFICE	Ch		Addition
NAME	PATEL, VARSHA C	-	12 NAM					•	
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD	., APT. 5	1.3 S1RI	EET AD	DDRESS				
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY	/-ST-	ZIP				
TITLE	VD	DELETE	2.1 1111	E			Ch	ange	Addition
NAME			2.2 NAM	2.2 NAME					
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD	., APT. 5	2.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CIT		- ZIP				
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NAME	PATEL, POURAV C 3726 CLEVELAND HEIGHTS BLVD	ADT E	3.2 NAM		{				
STREET ADDRESS	LAKELAND FL 33813	, AFI. 3	3 3 5188						İ
CITY-ST-ZIP				Y - \$1 -	200		Cri	anne	Addition
NAME	PATEL, KAJAL C	عبيبي ال	4.1 THE 4. 2 NAM				P. J. 611	- '9''	
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD	., APT. 5	4.3 STRE		DURESS				
CITY-ST-ZIP	LAKELAND FL 33813	-	4.4 CHY		i				
TITLE		DELETE	5 1 1111				Ch	ange	Addition
NAME			5.2 NAM	4E					
STREET ADDRESS	1		5.3 \$18	EELAI	DORESS				
CITY-ST-ZIP			5.4 CITY	(-\$1-	ZIP				
TITLE		DELETE	6.1 MIL				☐ Ch	ange	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR						
CITY-ST-ZIP	by certify that the information supplied wi	th this films does not are	64 CITY			Lin Soction 110 07/21/1 Elevido Statuto	I further costs	/ think at	
informatic	on indicated on this annual report or sum:	plemental annual report is	true and ac	CLIFE	ite and that	my signature shall have the same legal	effect as if mad	te undi	or path, that I
am an o appears i	officer or director of the corporation or the in Block 12 or Block 13 if changed, or on	receiver of trustee empo an attachment with an ac	warest to exi Idress :	ocu	e this topor	as required by Chapter 607, Florida St	atutes; and tha	my na	ime