

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043748 (0)
1. Corporation Name
POURAV CORPORATION



Principal Place of Business 2100 HWY 92 WEST WINTER HAVEN FL 33881 US	Mailing Address 2100 HWY 32 WEST WINTER HAVEN FL 33881 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc. 22 2100 HWY 92 WEST	Suite, Apt. #, etc. 26 2100 HWY 32 WEST
City & State 23 WINTER HAVEN FL	City & State 28 WINTER HAVEN FL
Zip 24 33881	Country 25 POLK
Zip 29 33881	Country 30 POLK

3. Date Incorporated or Qualified 06/07/1994	
4. FEI Number 59-3248347	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MAYER, CHARLES R 5835 BARTOW RD. SOUTH LAKELAND FL 33813	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD PATEL, VARSHA C
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD., APT. 5
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	<input type="checkbox"/> DELETE
NAME	VD PATEL, CHANDRAKANT M
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD., APT. 5
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	<input type="checkbox"/> DELETE
NAME	D PATEL, POURAV C
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD., APT. 5
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	<input type="checkbox"/> DELETE
NAME	D PATEL, KAJAL C
STREET ADDRESS	3726 CLEVELAND HEIGHTS BLVD., APT. 5
CITY-ST-ZIP	LAKELAND FL 33813
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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"/> 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 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 attached page with an address

SIGNATURE: _____ **4/22/98** **941.956.2372**

CR2E034 (10/97)