

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 13 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045995 (5)

1. Corporation Name

4G ENTERPRISES OF BREVARD, INC.

Principal Place of Business

**217 W. HIBISCUS BLVD.
MELBOURNE FL 32901**

Mailing Address

**217 W. HIBISCUS BLVD.
MELBOURNE FL 32901**

700001430747

-03/15/95--01096--015

*******200.00 *****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

2-7-95

4. FEI Number

59-3254562

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 849 BARTON BLVD

2a. Mailing Address

26 849 BARTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

ROCKLEDGE, FL

City & State

ROCKLEDGE, FL

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAGANO, ALBERT S
1900 PALM BAY ROAD NE
STE. G
PALM BAY FL 32905**

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 of 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GANDHI, DINESH C
STREET ADDRESS	217 W. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D
NAME	GANDHI, MANHAR C
STREET ADDRESS	217 W. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D
NAME	GANDHI, SURESH C
STREET ADDRESS	217 W. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D
NAME	GANDHI, PRAVIN C
STREET ADDRESS	217 W. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attachment with an address.

SIGNATURE:

DINESH C. GANDHI

1-19-95

725-1611

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number