

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000058409 (1)

1. Corporation Name

MAHESH ENTERPRISES, INC.

Principal Place of Business

23 EAST AVENUE "B"
MELBOURNE FL 32901

Mailing Address

23 EAST AVENUE "B"
MELBOURNE FL 32901



2. Principal Place of Business

2a. Mailing Address

21 2160 HOWLAND BLVD.

26 2160 HOWLAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 DELTONA, FL. 32738

28 DELTONA, FL. 32738

Zip

Country

Zip

Country

24 32738

25 VOLUSHA

29 32738

30 VOLUSHA

9. Name and Address of Current Registered Agent

PATEL, MAHESH K
23 EAST AVENUE "B"
MELBOURNE FL 32901

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3259511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2553 SHIFFELD DR.

83

84 City

DELTONA

FL

85 Zip Code

32738

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

M K Patel

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

1-16-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P.T.D.
PATEL, MAHESH K
STREET ADDRESS
23 E. AVENUE B
CITY-ST-ZIP
MELBOURNE FL 32901

TITLE ☐ DELETE

NAME
V.S.D.
PATEL, JAGDISH K
STREET ADDRESS
23 E. AVENUE B
CITY-ST-ZIP
MELBOURNE FL 32901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2553 SHIFFELD DR.
DELTONA, FL. 32738

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2553 SHIFFELD DR.
DELTONA, FL. 32738

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(k), 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:

M K Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (904) 532-2666

DATE

Daytime Phone #

CR2E034 (12/95)