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Jan 09 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 # P94000058409 (1)

1. Corporation Name

MAHESH ENTERPRISES, INC.

Principal Place of Business

2160 HOWLAND BLVD.
DELTONA FL 32738
US

Mailing Address

2160 HOWLAND BLVD
DELTONA FL 32738-3467
US



3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

01/22/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, MAHESH K
2553 SHIFFELD DRIVE
DELTONA FL 32738

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME PATEL, MAHESH K
STREET ADDRESS 2553 SHIFFELD DR.
CITY-ST-ZIP DELTONA FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME MAHESH PATEL
1.3 STREET ADDRESS 2553 SHIFFELD DR.
1.4 CITY-ST-ZIP DELTONA, FL. 32738

TITLE VSD ☐ DELETE
NAME PATEL, JAGDISH K
STREET ADDRESS 2553 SHIFFELD DRIVE
CITY-ST-ZIP DELTONA FL

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME JAGDISH PATEL
2.3 STREET ADDRESS 2553 SHIFFELD DR.
2.4 CITY-ST-ZIP DELTONA, FL. 32738

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE T/D ☐ Change ☒ Addition
3.2 NAME KANUBHAI PATEL
3.3 STREET ADDRESS 2553 SHIFFELD DR.
3.4 CITY-ST-ZIP DELTONA, FL. 32738

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S/D ☐ Change ☒ Addition
4.2 NAME KINA PATEL
4.3 STREET ADDRESS 2553 SHIFFELD DR.
4.4 CITY-ST-ZIP DELTONA, FL. 32738

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)