

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

FILED
May 15 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 # **P94000067017 (1)**

1. Corporation Name

AVISTA PROPERTIES IV, INC.



Principal Place of Business

Mailing Address

**3956 W. COLONIAL DR.
ORLANDO FL 32808**

**3956 W. COLONIAL DR.
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5353 CONROY ROAD

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FLORIDA

Zip

Country

24 32811

25

ORANGE

2a. Mailing Address

26 5353 CONROY ROAD

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FLORIDA

Zip

Country

29 32811

30

ORANGE

9. Name and Address of Current Registered Agent

**VALBH, ANIL
3956 W COLONIAL DR
ORLANDO FL 32808**

3. Date Incorporated or Qualified

09/08/1994

4. FEI Number

59-3311297

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

5353 CONROY ROAD

84 City

ORLANDO

FL

85 Zip Code

32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of the registered agent and the applicable (NOTE: Registered Agent signature required when reappointing)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSY** ☐ DELETE

NAME **VALBH, ANIL I**
STREET ADDRESS **3956 W. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **V** ☐ DELETE

NAME **ANA, AJIT**
STREET ADDRESS **3956 W. COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **5353 CONROY ROAD**
1.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32811**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V.P.**
2.3 STREET ADDRESS **AJIT NANA**
2.4 CITY-ST-ZIP **5353 CONROY ROAD**
ORLANDO, FLORIDA 32811

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 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.

CR2E034 (10/97)