PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067996

	Name									
MAYURI	INC.						\			
		_ 	Off Add.				-{			
Principal Place	•		lailing Address							
8910 N. DALE MABRY SUITE #38 SUITE #38										
TAMPA FL 33614 TAMPA FL 33614							DO NOT WRITE IN TH	IS SPACE	 -7	İ
							3. Date Incorporated or Qualified			
			National Address				09/12/1994 4. FEI Number	T An	plied For	
—, ·	ace of Business	2a	. Mailing Address	N			59-3263985		t Applicable	l
Suite, Apt. i	tt etc	26	Suite, Apt. #, etc					\$8.75		
22	w, 6tc.	27		•			S. Certificate of Status Desired	Fee Re		
Z- Fally & State			- City & State	تسمئ تحري	- 8	نازات <u>ات</u>	6. Election Campaign Financing	\$5.00	May Be	
23	_	28					Trust Fund Contribution	Added t	o Fees]
Zip	Country		Zip		intry		8. This corporation owes the current year		mus !	
24	25	29		30			Personal Property Tax. 10. Name and Address of New Registers	Yes	□No	1
	9. Name and Address of Curren	t Regis	stered Agent		Btl N	ame	10. Nama and Address of new Registere	u Agent		Į
.iosi	HI, JAGADISH									
8910 N. DALE MABRY				82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)			1	
· ·	E #38				83					1
	PA FL 33614							- 85 Zip (l
					1 1	ity	F	Liii]
11. Pursuant (office or re agent,) as	to the provisions of Sections 607.050: egistered agent, or bath, in the State in familiar with, and accept the obligation	2 and 6	307.1508, Florida da, Such change	Statutes, the a	bove-na	med corpo corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its pointment as re-	registered gistered	
		N - 2 A	i, Settion 507.050	is, Fiorida Stat	utes.				-	[
		\mathcal{X}	1, Section 657.050							
SIGNATURE	Signature, typed or printed name of registered want		V appacable.	(NOTE: Registered			when reinstating) OATE			é
SIGNATURE	Signature, typed or printipli name of egistered agent		V applicable.	(NOTE: Registered	Agent sign					44.000)
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality (or the 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 amounted to execute this apport 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE: SIGNATURE PRESENTATION OF THE AND TYPED OUT PRINTED PARTY OF SIGNATURE AND TYPED OUT PRINTED PRINTED PARTY OF SIGNATURE OF S

Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90038 020 ***150.00