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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000070490 (5)

FILED May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
712-53RD AVENUE									
US US							3. Date Incorporated or Qualified		
2. Principal Pia	ce of Business	2a.	Mailing Address				4. FEI Number Applied For		
21		26					65-0520573 Not Applicable		
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired 58.75 Additional Fee Required		
City & State	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27	City & State				Election Campaign Financing \$5.00 May Be		
23		28	5, 2. 2.t				Trust Fund Contribution Added to Fees		
Zip	Country		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30	_		Florida Statutes Yes No		
	9, Name and Address of Curre	ent Regist	ered Agent		81	No.	10. Name and Address of New Registered Agent		
	AAN, MARC H				ויסן	Name			
	26TH ST W				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
BHAUI	ENTON FL 34205	·			83	ļ			
					L				
					84	City	FL 85 Zip Code		
SIGNATURE.	gnation. Typed or printed name of registered a	gent and title i	d applicable (NO	TE: Register			poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uled when reinstating)		
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
, ,	d Mathur, rajendra k		☐ DELETE	1.11	IILE VAME		Change Addition		
	4556 31ST CT E					ADDRESS			
	BRADENTON FL 34203					SI-ZIP			
TIFLE			DELETE		TITLE	<u></u>	Change Addition		
NAME				221	AME				
STREET ADDRESS				235	STREET	ADDRESS			
CITY - ST - 7IF				2.4	City-	ST-ZIP			
TITLE			☐ DELET€	3.11			Change Addition		
NAME					NAME				
STREET ADDRESS						ADDRESS			
CAY-ST-ZIP			DELETE		CITY-S	ST-ZIP	Change Addition		
TITLE NAME			- Dettie		NAME		المالات المالات المالات المالات المالات		
STREET ADDRESS						ADDRESS			
CITY-S1-ZIP						ST-ZIP			
TITLE			☐ DELETE		TITLE		Change Addition		
NAME				521	NAME				
STREET ADDRESS				5.3	STAEET	ADDRESS			
CITY-ST-ZIP				5.4 (CITY - S	ST-ZIP			
TITLE			☐ DELETE	6.11	TITLE		Change Addition		
NAME				6.21	NAME				
STREET ADDRESS				6.3	STREET	r address			
CITY - ST - ZIP						ST - ZIP			
44 I do bo-oky	contifu that the information around	ind with th	in filma dood not aud	life for the	0000	motion atota	od in Section 119 07(3)(i) Florida Statutes I further certify that the		

I do noreby certify that the information supplied with this thing does not quality 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 of Ingliged, or on an attachment with an address.