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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000071537 (2) **DOCUMENT #** 

KRISHNA	ASSOCIATES	OF TITUSVILLE,	INC
KULOIUK	<b>NOOUUINI LO</b>	OF HITOGRILLE	MAO.

Principal Place of Business Maiting Address



3755 CHENE TITUSVILLE I US		4962 EBENSBURG DH TAMPA FL 33647 US			Date Incorporated or Qualified 09/26/1994		of Last Re	
A Debutual S	Name of Pusiness	On Mailine Address			4. FEI Number	1 00	<del> </del>	Applied For
	Place of Business	2a. Mailing Address			59-3280966			Not Applicable
Suite Ant	# etc	26   Suite, Apt. #, etc.	*					Additional
Suite, Apt. #, etc.		27	27		5. Certificate of Status Desired	×	T	Required
City & Star	te	City & State	¬		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		•
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible ta		
24	25	29	30			□No		
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New F	legistered	Agent	
DDATES	SI, EMIL G			81 Name	SARASWAT, SATI	HE		
	ARK STREET		82 Street Add		Address (P.O. Box Number is Not Acceptable 4962 EBENSRU	10 /-	non	) <u>z:</u>
	WATER FL 34616			B3	4762 6BENSIS	IKG_	DKIN	<u> </u>
ULEARY	MAILN FE 370 IV							
				<b>84</b> City	TAMPA	FL		o Code 33647
11. Pursuant	t to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ve·named co	rporation submits this statement for the pu	roose of ch	anoino its r	eaistered office
or registe	ered agent, or both, in the State of Flori	ida. Such change was authorize	d by the o	orporation's	board of directors. I hereby accept the app	ointment as	registered	agent. I am
	S. Les S.	govat				5 <i>1</i>	24/9	6
SIGNATURE	Signature typed or priviled name of registered agen	it and little if applicable. (NO1	£: Rog stered	Agent signature re	equired when reinstating)	DATE	J 7 K	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	P	<b>⊠</b> DELETE	1.11	TLE	PRESIDENT, M		Change	☐ Addition
NAME	SARASWAT, JAGDISH	•	1.2 N	IME	SARASWAT, SATISH 4962 EBENSBURG DA	_		
STREET ADDRESS			1.3 \$	REET ADDRESS	4962 EBENSBURG DI	₹.		
CITY-ST-ZIP	TAMPA FL		1.4 D	TY-ST-ZIP	TAMPA, FL 33647			····
TITLE	VS	DELETE	2 1 1	TLF			Change	☐ Addition
NAME	SARASWAT, SATISH		2 2 N	AME				
STREET ADDRESS			235	REET ADDRESS				
CITY-ST-2IP	TAMPA FL			TY-ST-71P			<u> </u>	F3 1 100
TITLE		DELETE	3. 1 T			. !	Change	Addition
NAME			3.2 N					
STREET ADDRESS	5		R	TREET ADDRESS				
CITY-ST-ZIP		FI DELETE		TY-\$1-ZIP			Crons	Addition
TITLE		☐ DELETE	4. 1 7				Change	☐ Addition
NAME			4.2 N					
STREET ADDRESS	5		1	REET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 C 5. 1 T	TY-ST-ZIP			Change	Addition
TITLE		ן הנרגוני <u>ו</u>					L. J Grianiye	LT VOOIDOU
NAME			52 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP	<del> </del>	☐ DELETE		TY-ST-ZIP			☐ Change	Addition
TITLE			6 1 1 6 2 N				L1 bridings	
NAME								
STREET ADDRESS	S			TREET ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP	L	<del>_</del>		

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 cath; 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.

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR