

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

①

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 AUG 25 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **D95000003213**  
1. Corporation Name

**SIRS INVESTMENT GROUP, INC.**

Principal Place of Business: **Dunkin Donuts 1146 N. University drive Coral Springs FL 33065**  
Mailing Address

3. Date Incorporated or Qualified  
3a. Date of Last Report

21. Principal Place of Business <b>as above</b>	22. Sute. Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address <b>as above</b>	27. Sute. Apt. #, etc.	28. City & State <b>1146 N. University dr Coral Springs FL</b>	29. Zip <b>33065</b>	30. Country <b>U.S.A.</b>	4. FEI Number <b>65-0547792</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					<b>\$8.75 Additional Fee Required</b>						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					<b>\$5.00 May Be Added to Fees</b>						
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											

**9. Name and Address of Current Registered Agent**

**MANIAR RAJU**  
**6635 W. Commercial blvd.**  
**STE. 115, TAMARAC, FL. 33319.**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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: *Iqbal Panjwani* DATE: 7/30/97  
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRESIDENT.</b>	<input type="checkbox"/> DELETE
NAME	<b>IQBAL PANJWANI</b>	
STREET ADDRESS	<b>10437 N. Coral Springs</b>	
CITY-ST-ZIP	<b>48 MNR. Coral Springs, FL.</b>	
TITLE	<b>Sec.</b>	<input type="checkbox"/> DELETE
NAME	<b>BAHADURALI LAKHANI</b>	
STREET ADDRESS	<b>1146 N. University</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33065</b>	
TITLE	<b>A. HAMID PANJWANI</b>	<input type="checkbox"/> DELETE
NAME	<b>V.P. 10437 N. 48 MNR.</b>	
STREET ADDRESS	<b>SUNRISE FL. 33021</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>100002278011</b>
14. CITY-ST-ZIP	<b>-08/27/97-01014-009</b>
21. TITLE	<b>***185.00</b>
22. NAME	<b>***185.00</b>
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: *Iqbal Panjwani* DATE: 7/30/97 PHONE: 954-572-8288  
Signature and Typed or Printed Name of Signing Officer or Director (Date) (Daytime Phone #)

CR2E034 (9/96)