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PROFIT
CORPORATION
ANNUAL REPORT
1998-1999



P9500007929
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

NO. 172 P. 3-4
FILED
DIVISION OF CORPORATIONS
99 MAR 11 AM 11:33

DOCUMENT # P9500007929
1. Corporation Name

Poonam Shah Inc.

Principal Place of Business

Mailing Address

319 BELVERERE RD.
WEST PALM BEACH
FL. 33405

319 BELVERERE RD.
WEST PALM BEACH
FL. 33405

2. Principal Place of Business

2a. Mailing Address

21 BELVERERE ROAD
Suite, Apt. #, etc.
22 319

26 BELVERERE ROAD
Suite, Apt. #, etc.
27 319

City & State

City & State

23 WEST PALM BEACH

28 WEST PALM BEACH

24 FLORIDA 25 USA

29 FLORIDA 30 USA

3. Name and Address of Current Registered Agent

POONAM V. SHAH
2251 S. OLD KIXIE HWY.
BUNNELL, FL. 32110

81 Name

POONAM V. SHAH

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

2251 S. OLD KIXIE HWY

83

84 City

BUNNELL

FL

Zip Code
32110

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when retiring.)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	POONAM SHAH
STREET ADDRESS	319 BELVERERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

This Annual Report is for the
years 1998 and 1999.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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****300.00 ****300.00

3/4

3/4/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(b) 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, with all other like empowered.

SIGNATURE:

POONAM SHAH - PRESIDENT

3/8/99 901-437-3737