

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013614 (9)

1. Corporation Name

SHREE SATYANARAYAN, INC.



Principal Place of Business

9724 LINGWOOD TRAIL
ORLANDO FL 32817

Mailing Address

9724 LINGWOOD TRAIL
ORLANDO FL 32817

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 700, S. BLUFORD AVE.
Suite, Apt. #, etc.

26 1497, S. KIRKMAN RD
Suite, Apt. #, etc.

4. FET Number

59-3295651

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State
23 OCOEE. FL.

27 APT # 3102.
28 ORLANDO. FL.

24 Zip 34761. 25 Country ORANGE.

29 Zip 32811. 30 Country ORANGE.

9. Name and Address of Current Registered Agent

PATEL, PANKAJKUMAR
9724 LINGWOOD TRAIL
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name PANKAJKUMAR. R. PATEL.

82 Street Address (P.O. Box Number is Not Acceptable)
1497, S. KIRKMAN RD #3102.

83

84 City ORLANDO.

FL 85 Zip Code 32811.

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

Signature, typed or printed name of registered agent and office of incorporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PATEL, PANKAJKUMAR
STREET ADDRESS 9724 LINGWOOD TRAIL
CITY-ST-ZIP ORLANDO FL 32817 ☐ DELETE

TITLE D
NAME PATEL, NEETA P
STREET ADDRESS 9724 LINGWOOD TRAIL
CITY-ST-ZIP ORLANDO FL 32817 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
12 NAME PATEL PANKAJKUMAR. R.
13 STREET ADDRESS 1497, S. KIRKMAN RD. APT # 3102
14 CITY-ST-ZIP ORLANDO. FL. 32811. ☒ Change ☐ Addition

2.1 TITLE V/S
22 NAME PATEL NEETA. P.
23 STREET ADDRESS 1497 S. KIRKMAN RD #3102
24 CITY-ST-ZIP ORLANDO. FL. 32811. ☒ Change ☐ Addition

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96. 407-877-9111.

Date

Daytime Phone #

CR2E034 (12/95)