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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

2. Principal Place of Business

21 700, S. BLUFORD AVE.

Suite, Apt. #, etc.

2a. Mailing Address

26 1497, S. KIRKMAN RD

Suite, Apt. #, etc.

27 APT # 3102.

22 City & State

23 OCOEE. FL.

Zip

24 34761.

Country

25 ORANGE.

28 City & State

29 ORLANDO. FL.

Zip

29 32811.

Country

30 ORANGE.

9. Name and Address of Current Registered Agent

PATEL, PANKAJKUMAR
9724 LINGWOOD TRAIL
ORLANDO FL 32817

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 official notarized

NOTE: Registered Agent signature required when renewing

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP
PATEL PANKAJKUMAR. R.
1497, S. KIRKMAN RD. APT # 3102.
ORLANDO. FL. 32811.

Change Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V/S
PATEL NEETA. P.
1497 S. KIRKMAN RD #3102.
ORLANDO. FL. 32811.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)