

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000013858 (2)

1. Corporation Name
VISHRAM, INC.

Principal Place of Business
108 EAST CENTRAL BLVD.
CAPE CANAVERAL FL 32920

Mailing Address
108 EAST CENTRAL BLVD.
CAPE CANAVERAL FL 32920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3480 Garden St Suite, Apt. #, etc. 22 City & State 23 Titusville FL 24 Zip 32796 25 Country 26 27 28 29 30		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/09/1995	
4. FEI Number 59-3409858		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent PATEL, HARSHAD I 108 EAST CENTRAL BLVD. CAPE CANAVERAL FL 32920	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		10. Name and Address of New Registered Agent		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]* DATE 2-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	PATEL, SHANTIL	1.2 NAME	
STREET ADDRESS	125 HARDWAY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GOODLETTSVILLE TN 37072	1.4 CITY - ST - ZIP	
TITLE	PST	2.1 TITLE	
NAME	PATEL, HARSHAD	2.2 NAME	
STREET ADDRESS	108 E. CENTRAL BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL 32928	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	PATEL, MANISH	3.2 NAME	
STREET ADDRESS	3480 GARDEN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 *[Signature]* DATE 2/9/98 407-269-9310

CR2E034 (10/97)