

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 # P95000016881 (1)

1. Corporation Name

KUNAL CORPORATION



Principal Place of Business

5014 US HWY 19
NEW PORT RICHEY FL 34652

Mailing Address

5014 US HWY 19
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

4. FEI Number

59-3303093

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

SHAH, JAYSUKHLAL
5014 US HWY 19
NEW PORT RICHEY FL 34652

10. 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

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

Jaysukhlal M. Shah

(NOTE: Registered Agent Signature Required When Registering)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SHAH, JAYSUKHLAL
CITY-STATE-ZIP 5014 U.S. HWY. 19
NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME VD
STREET ADDRESS SHAH, USHAKIRAN
CITY-STATE-ZIP 5014 U.S. HWY. 19
NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME SD
STREET ADDRESS SHAH, KUNAL J
CITY-STATE-ZIP 5014 U.S. HWY. 19
NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME TD
STREET ADDRESS SHAH, BHAVIN J
CITY-STATE-ZIP 5014 U.S. HWY. 19
NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add on

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Jaysukhlal M. Shah (JAYSUKHLAL M. SHAH)

Date

4-22-96

Daytime Phone #

813-846-0335

CR2E034 (12/95)