

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

FILED
Mar 25 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 # 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1995	
21		26		4. FEI Number 59-3303093	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHAH, JAYSUKHLAL 5014 US HWY 19 NEW PORT RICHEY FL 34652				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	NAME	SHAH, JAYSUKHLAL	1.1 TITLE			
STREET ADDRESS	5014 U.S. HWY. 19			1.2 NAME			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			1.3 STREET ADDRESS			
TITLE	VD	NAME	SHAH, USHAKIRAN	1.4 CITY-ST-ZIP			
STREET ADDRESS	5014 U.S. HWY. 19			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			2.2 NAME			
TITLE	SD	NAME	SHAH, KUNAL J	2.3 STREET ADDRESS			
STREET ADDRESS	5014 U.S. HWY. 19			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	NAME	SHAH, BHAVIN J	3.2 NAME			
STREET ADDRESS	5014 U.S. HWY. 19			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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]* 3-20-98

CR2E034 (10/97)