

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 # P95000016897 (7)

1. Corporation Name

TRILOK ENTERPRISES, INC.



Principal Place of Business

879 YELLOW PINE AVE  
ROCKLEDGE FL 32955

Mailing Address

879 YELLOW PINE AVE  
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 810 BARNES BLVD

Suite, Apt. #, etc.

22

City & State

23 ROCKLEDGE FL

Zip

24 32955

Country

25 USA

2a. Mailing Address

26 810 BARNES BLVD

Suite, Apt. #, etc.

27

City & State

28 ROCKLEDGE, FL

Zip

29 32955

Country

30 USA

4. FEI Number

59-330 3383

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

9. Name and Address of Current Registered Agent

PRICE, T.L.

879 YELLOW PINE AVE  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

KAPIL GANDHI

82 Street Address (P.O. Box Number is Not Acceptable)

810 BARNES BLVD

83

84 City

ROCKLEDGE

FL

85 Zip Code

32955

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

KAPIL GANDHI

Khandli

4/10/96

Signature, typed or printed name of registered agent and that of agent

Signature, typed or printed name of registered agent and that of agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
PATEL, BACHU C  
STREET ADDRESS 879 YELLOW PINE AVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE

NAME VD  
GANDHI, KAPIL R  
STREET ADDRESS 879 YELLOW PINE AVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☒ DELETE

NAME STD  
PATEL, HARSHAD I  
STREET ADDRESS 879 YELLOW PINE AVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD & T  
PATEL BACHU C  
1.3 STREET ADDRESS 810 BARNES BLVD  
1.4 CITY-ST-ZIP ROCKLEDGE FL 32955

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD & S  
GANDHI KAPIL  
2.3 STREET ADDRESS 810 BARNES BLVD  
2.4 CITY-ST-ZIP ROCKLEDGE FL-32955

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Khandli

KAPIL GANDHI

4/10/96

407636 0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)