

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017578 (2)

1. Corporation Name
KOTYARK, INC.



Principal Place of Business
300 SOUTH ATLANTIC BLVD.
DAYTONA BEACH FL 32118

Mailing Address
300 SOUTH ATLANTIC BLVD.
DAYTONA BEACH FL 32118-4504

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 144 SOUTH HALIFAX AVENUE

27 Suite, Apt. #, etc.
Unit # 2

28 DAYTONA BEACH FL

29 32118

30 VOLUSIA

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report
06/27/1996

4. FEI Number
59-3302214

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

SHAH, PARESH
300 S. ATLANTIC BLVD.
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name SHAH, PARESH
82 Street Address (P.O. Box Number is Not Acceptable)
144 SOUTH HALIFAX AVENUE
83 UNIT # 2
84 City DAYTONA BEACH FL 85 Zip Code 32118

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

(Indicate by typewriter the printed name of registered agent and file if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAH, ANITA	
STREET ADDRESS	300 S. ATLANTIC BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHAH, PARESH	
STREET ADDRESS	300 S. ATLANTIC BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	144 S. HALIFAX AVE., UNIT # 2
14 CITY-ST-ZIP	DAYTONA BEACH FL 32118
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	144 S. HALIFAX AVE., UNIT # 2
24 CITY-ST-ZIP	DAYTONA BEACH FL 32118
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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: Parish Shah SHAH PARESH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 (904) 258-8422

Date

Daytime Phone #

CR2E034 (9/96)