

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

FILED
Feb 24 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 # P95000018995 (7)

1. Corporation Name
SHREE HOLDINGS, INC.

Principal Place of Business 200 N. BELCHER ROAD LARGO FL 34641	Mailing Address 200 N. BELCHER ROAD LARGO FL 34641
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ATOZ DISCOUNT BEV. Suite, Apt. #, etc. 22 4900-D EAST BAY DR. City & State 23 CLEARWATER FL. Zip 24 33764		2a. Mailing Address 26 ATOZ DISCOUNT BEV. Suite, Apt. #, etc. 27 4900-D EAST BAY DR. City & State 28 CLEARWATER FL. Zip 29 33764		Country 25 U.S.A. 30 U.S.A.		3. Date Incorporated or Qualified 03/06/1995	4. FEI Number 59-3306394	Applied For <input type="checkbox"/> 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
9. Name and Address of Current Registered Agent PATEL, SANDIP I ESQ 122 S. HOWARD AVE. TAMPA FL 33806						10. Name and Address of New Registered Agent 81 Name PATEL, SANDIP I ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 83 2240, BELLEAIR ROAD, SUITE 160 84 City CLEARWATER FL 85 Zip Code 33764		

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			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, MINA			1.2 NAME	PATEL MINA		
STREET ADDRESS	200 N. BELCHER ROAD			1.3 STREET ADDRESS	4900-D EAST BAY DR.		
CITY-ST-ZIP	LARGO FL 34641			1.4 CITY-ST-ZIP	CLEARWATER FL 33764		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, HASMUKH			2.2 NAME	PATEL HASMUKH		
STREET ADDRESS	200 N. BELCHER ROAD			2.3 STREET ADDRESS	4900-D EAST BAY DR.		
CITY-ST-ZIP	LARGO FL 34641			2.4 CITY-ST-ZIP	CLEARWATER FL 33764		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:

Mina Patel

MINA PATEL

2/18/98

CR2E034 (10/97)