FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN OF STATE
Sandra B Mortleim
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE:

P95000019255 (5)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business Mailing Address 9127 KILGORE RD ORLANDO FL 32836 ORLANDO FL 32836				3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995		
2. Principal Plac	e of Business	2a. Mailing Address		. A. FEI Number		Applied For
1		26		59-3301658		Not Applicable
Suite. Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		<u></u>
3		28		Trust Fund Contribution	1 1	00 May Be ad to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		
4	25	29	30	L	□No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
201 PAF SUITE 2 ALTAMO	207 ONTE SPRINGS FL the provisions of Sections 607.050	02 and 607.1508. Florida State	82 Street Ad 83 84 City	VARSHA SHAH tress (P.O. Box Number is Not Acceptable 127 KILGORE RD. ORLANDO, Oration submits this statement for the pur	FL 85 Z	p Code 2836
OF Tegratered	and accept the obligations of, So	rata Socie Change was aumor ition 607.0505, Florida Statute	ized by the comoration's be	ard of directors. I hereby accept the appe	Ointriient as registered	agent Lam
TITLE	DPST	DELETE	1 1 TITLE	ADDITIONS CHANGES TO OFFI	Change	Addition
NAME	SHAH, VARSHA		1.2 NAME			
STREET ADDRESS	9127 KILGORE RD		1 3 STREET ADDRESS			
DITY-ST-ZIP	ORLANDO FL 32836		1.4 CHY -ST-ZIP			
TITLE		☐ DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME STREET ADDRESS			2 2 NAME			
CrTY-ST-ZIP			2.3 STREET ADORESS			
TITLE		DELETE	2 4 Crity - St - ZIP 3 1 Title		Change	Addition
NAME		•	3.2 NAME		change	□ ×odition
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TIYLE		Change	Addition
IAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
DITY-ST-ZIP		F) DELETE	4.4 CrTY - ST - ZIP			
ITLE LAME		☐ DELETÉ	5 1 TITLE		☐ Change	Addition
TREET ADDRESS			5.2 NAME			
CITY-SI-ZIP			5 3 STREET ADDRESS			
ITLE	777 F TO No. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	☐ DELETE	5.4 CITY - ST - ZIP 6.1 NITLE		☐ Change	☐ Addition
IAME			6 2 NAME		<u>П</u> спанде	ET Magricon
TREET ADDRESS			6 3 STPEFT ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST- ZIA			
14. I do hereby of certify that the oath; that I a	re injunganon malaren et ea mis am	oration or the receiver or trust	mished and does not qualify rocal report is true and accur see encowered to execute the	for the exemption stated in Section 119.0 ate and that my signature shall have the its report as required by Chapter 607, Fic	فلينا فتناكلها المحمل ويحتم	

4/19/96

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