PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000022853

1. Corporation Name _VOHRA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90103 038 ***150.00



1096 ALPINE AVENUE N.W. PALM BAY FL 32907		1096 ALPINE AVENUE N.V/. PALM BAY FL 32907						DO NOT WE	RITE IN TH	SPACE	
							3 Date In	DO NOT WRITE IN THIS SPACE 3. Date It corporated or Qualified			
								/1995	•		
2. Principal Pl	lace of Business	2a. M	ailing Address				4. FEI Nu			Ap	pied For
21		26	-				59-33	06488		No	t Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.							\$8.75	Additional
22		27					5. Certifica	ite of Status Desired		Fee Re	ecuired
City & S ate	e		ty & State				6. Electio	Campaign Financing	9 _	\$5.00	May Be
23		28					Trust F	und Contribution	"	Added t	
Zip	Country	Zij	0	Cour	ntry		8. This co	rporation owes the cu	irrent year In	tangible	
24	25	29	29 30			Personal Property Tax.			Yes		
	9. Name and Add ess	of Current Register	ed Agent				10. Name	and Address of New	Registered	Agent	
					81	Name					
vohra, tilak r				82 Street Add			trees (P.O. Boy	Number is Not Accep	ntable)		
1096	B ALPINE AVENUE N.W.				02	Ollege Acc	11.0. DOX	(tollise) is viet i less)	,		
PALN	M BAY FL 32907				83						
										or Zin i	C .da
					84	City			Fi	85 Zip (Code
11. Pursuant	to the provisions of Sections egistered agent, or bo h, in	s 607.0502 and 607.	1508, Florida Sta Such change was	tutes, the ab structhorized	oove- by th	named cor	poration submit	s this statement for the	e purpose of the appointment the appointment in the	f changing its intment as re	r-agistered gistered
agent. a	m familiar with, and accept	the obligations of, Se	ection 607.0505, I	Florida Statu	ites						}
SIGNATURE									DATÉ		
	Signature, typed of printed name of re				Agent	signature requir	ed when reinstating)	NS/CHANGES TO C		ND DIRECTO	DE'S IN 12
12.		CERS AND DIRECT	DELETE	13.	-		ADDITA	NS/CHANGES TO C	AFFICENS A	Change	Addition
TITLE	D		☐ pereic	1,1 111		j					
NAME	VOHRA, TILEK R			1 2 NA	_						
STREET ADDRE 3S	1096 ALPINE AVENUE	N.W.		4		ADDRESS					
CITY-ST-ZIP	PALM BAY FL 32907				Y-ST-	ZIP				☐ Change	Addition
TITLE	D		☐ DELETE	2.1 TIT	LE					□ change	L. Addition
NAME	vohra, edna e			2.2 NA	ME						
STREET ADDRE 3S	1096 ALPINE AVENUE	N.W.		2.3 ST	REET/	ADDRESS					Į
CITY-ST-ZIP	PALM BAY FL 32907			2. 4 CI	TY-ST	-ZIP					
TITLE			☐ DELETE	3.1 TIT	LE					☐ Change	Addition
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. Cf	TY-51	-ZIP					
TITLE			☐ DELETE	4.1 TIT	LE					Change	Addition
NAME				4 2 N	AME						
STREET ADDRESS				4.3 ST	REET/	ADDRESS					
CITY-ST-ZIP				44.00	TY-ST-	- ZIP					
TITLE		=	☐ DELETE	5.1 TIT						Change	☐ Addition
NAME				5 2 NA							
STREET ADDRESS				5.3 ST	REET	ADDRESS					
				D D	TY-ST-						
CITY-ST-ZIP TITLE	· · ·		☐ DELETE	6.1 TIT					 -	Change	Addition
				62 NA	ME						_
NAME						ADDRESS					
STREET ADDRESS.					TY-ST-						
AUTH AT THE	I .										

14. Thereby 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 or derivative and officer or director of the corporation or the receiver or trustee enpowered to execute this report as recuired 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICE! OR DIRECTOR