

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000027981 (6)

1. Corporation Name
SHARDA, INC.



Principal Place of Business: 11570 SEMINOLE ROAD DUNNELLON FL 34431
Mailing Address: 11570 SEMINOLE ROAD DUNNELLON FL 34431

3. Date Incorporated or Qualified: 04/05/1995
3a. Date of Last Report

2. Principal Place of Business
21 2144 RIDGE ROAD
Suite, Apt. #, etc.
22
City & State
23 LARGO FL
Zip Country
24 34648 25 PINELLAS
26 2144 RIDGE ROAD
Suite, Apt. #, etc.
27
City & State
28 LARGO, FL
Zip Country
29 34648 30 PINELLAS

4. FEI Number: APPLIED
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. 193.032 Florida Statutes: Yes

9. Name and Address of Current Registered Agent
PATEL, PRAVINKUMAR R
11570 SEMINOLE ROAD
DUNNELLON FL 34431

10. Name and Address of New Registered Agent
81 Name: MANISH PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 2144 RIDGE ROAD.
83
84 City: LARGO FL. FL 85 Zip Code: 34648

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: MANISH PATEL Date: 5/20/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, PRAVINKUMAR R	
STREET ADDRESS	11570 SEMINOLE ROAD	
CITY-ST-ZIP	DUNNELLON FL 34431	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	2144 RIDGE ROAD	
4. CITY-ST-ZIP	LARGO FL 34648	
5. TITLE	VIC PRES/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	MANISH PATEL	
7. STREET ADDRESS	2144 RIDGE ROAD	
8. CITY-ST-ZIP	LARGO FL 34648	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96

CR2E034 (12/95)