

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

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000028827 (0)

1. Corporation Name

KOHINOOR INDIAN RESTAURANT, INC.



Principal Place of Business

Mailing Address

249 W HWY 434 #1093  
ALTAMONTE SPRINGS FL 32701

249 W HWY 434 #1093  
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

59-3314402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 249 W. St. Rd. 436

26 249 W. St. Rd 436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 1093

27 # 1093

City & State

City & State

23 Altamonte Springs FL 32714

28 Altamonte Springs FL 32714

Zip

Country

Country

24 32714

25 Seminole

29 32714

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANGER, NARINDER  
8530 PALM PARKWAY  
ORLANDO FL 32836

81 Name

MARGAR NARINDER

82 Street Address (P.O. Box Number is Not Acceptable)

249 W. St. Rd 436 # 1093

83

84

Altamonte Springs FL

85 Zip Code

32714

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 x Narinder K Manger

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

2-4-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PT  
MANGER, NARINDER  
STREET ADDRESS 8530 PALM PARKWAY  
CITY-ST-ZIP ORLANDO FL 32836

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME MARGAR, NARINDER  
1.3 STREET ADDRESS 249 W. Hwy 436 # 1093  
1.4 CITY-ST-ZIP Altamonte Springs FL 32714

TITLE ☐ DELETE

NAME VS  
SINGH, GURCHARAN  
STREET ADDRESS 8530 PALM PARKWAY  
CITY-ST-ZIP ORLANDO FL 32836

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 249 W. Hwy 436 # 1093  
2.3 STREET ADDRESS Altamonte Springs FL 32714

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 x Narinder K Manger 2-4-98

CR2E034 (10/97)