

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000033068 (4)

1. Corporation Name

SHAKTI CORPORATION OF PORT ORANGE



Principal Place of Business

Mailing Address

4036-B SOUTH NOVA RD.  
PORT ORANGE FL 32119

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PORT ORANGE FL 32119

3. Date Incorporated or Qualified

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 4036 B. S. Nova Rd

26 4036 B. S. Nova Rd.,

4. FEI Number

59-3310377

Applied for Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Post ORANGE FL

27 City & State

Post Orange FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

U.S.A.

29 Zip

30 Country

32127

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAILOR, KISHOR J  
591 CENTER ST.  
ORMOND BEACH FL 32174

81 Name

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

83

84 City

FL

85 Zip Code

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]*

04-01-96

Signature typed in block 12 or 13 of registered agent and fee applic. (If applicable)

NOTE: Registered Agent's signature must be typed in block 13.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	PRESIDENTS
3. STREET ADDRESS	TAILOR KISHOR
4. CITY - ST - ZIP	591 Center St, ORMOND BEACH, FL-32174
2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	VICE President
3. STREET ADDRESS	DHITENDR BHARWAKAR
4. CITY - ST - ZIP	9223 Dec Rd, Dorpling IL-6016.
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	300001848493
5. STREET ADDRESS	-06/03/96--01059--042
5. CITY - ST - ZIP	***200.00
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	5156
6. STREET ADDRESS	
6. 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 as an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-96 904-767-7766

DATE

PHONE NUMBER

CR2E034 (12/95)