

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000034380
1. Corporation Name: VIJAY GANDHI, INC.

Principal Place of Business: 795 CYPRESS GARDEN BLVD WINTER HAVEN FL 33880
Mailing Address: 795 CYPRESS GARDEN BLVD WINTER HAVEN FL 33880

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State Apt. # etc.	26 Suite, Apt. # etc.	4. FEI Number	Applied For
22 City & State	27 City & State	5. Certificate of Status Desired	Not Applicable
23 Zip	28 Zip	6. Election Campaign Financing	\$8.75 Additional Fee Required
24 Country	29 Country	7. Trust Fund Contribution	\$5.00 May Be Added to Fees
	30	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
VIJAY GANDHI	81 Name
5850 CYPRESS GARDEN BLVD # 402	82 Street Address (P.O. Box Number is Not Acceptable)
WINTER HAVEN, FL 33884	83
	84 City
	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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	11. TITLE	12. NAME
3. FULL ADDRESS	4. CITY-STATE-ZIP	13. STREET ADDRESS	14. CITY-STATE-ZIP
5. TITLE	6. NAME	21. TITLE	22. NAME
7. FULL ADDRESS	8. CITY-STATE-ZIP	23. STREET ADDRESS	24. CITY-STATE-ZIP
9. TITLE	10. NAME	31. TITLE	32. NAME
11. FULL ADDRESS	12. CITY-STATE-ZIP	33. STREET ADDRESS	34. CITY-STATE-ZIP
13. TITLE	14. NAME	41. TITLE	42. NAME
15. FULL ADDRESS	16. CITY-STATE-ZIP	43. STREET ADDRESS	44. CITY-STATE-ZIP
17. TITLE	18. NAME	51. TITLE	52. NAME
19. FULL ADDRESS	20. CITY-STATE-ZIP	53. STREET ADDRESS	54. CITY-STATE-ZIP
21. TITLE	22. NAME	61. TITLE	62. NAME
23. FULL ADDRESS	24. CITY-STATE-ZIP	63. STREET ADDRESS	64. CITY-STATE-ZIP

14. I declare under penalty 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: _____ DATE: 4/29/97 DAYTIME PHONE: 941-299-9763

CR2E034 (9/96)