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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

P95000034380 (2)

VIJAY GANDHI, INC.

FILED
May 01 1998 8:00am
Secretary of State

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WINTER HAVE US 2. Principal Pl 21 Sulte, Apt.	GARDEN BLVD. EN FL 33680 face of Business	WINTER HAVEN FL 33980 US 2a. Mailing Address 26 Suite, Apt. #, etc.	795 CYPRESS GARDEN BLVD. WINTER HAVEN FL 33880 US 2a. Mailing Address 26 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1995 4. FEI Number Applied For S9-3312190 5. Certificate of Status Desired \$8.75 Additional
City & State		City & State				Fee Required 6. Election Campaign Financing \$5.00 May Be
23		28 Zip 29	Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre					10. Name and Address of New Registered Agent
GA	GAMPHI VIIAV				Name	
585 WIN	50 CYPRESS GARDEN BLVD , NTER HAVEN FL 33884	, Apt # 402	Ĺ		Street Add	dress (P.O. Box Number is Not Acceptable)
			8:	3		
ĺ			84	14 (City	85 Zip Code
44 Dureughi	to the provisions of Sections 607 05	02 and 607 1609 Florida Statute	co the abo		named cov	orporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the oblic	gations of, Section 607.0505, Flo	orida Statute	tes.	•	ration's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	VSTD GANDHI, VIJAY 5850 CYPRESS GARDEN BLVD WINTER HAVEN FL		1.3 STRE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS	DELETE ;		2.1 TITLE 2.2 NAME	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		T DELETE	2. 4 CITY - ST - ZIP		ZIP	iv to
NAME STREET ADDRESS CITY-ST-ZIP	RESS		3.3 STREE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4. 2 NAM 4.3 STREE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 5		5.1 TITLE 5.2 NAME 5.3 STREE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 6			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition
indicated officer or o	on this annual report or supplement	tal annual report is true and accu seiver or trustee empowered to e	urate and t	that i	my signati	in Section 119.07(3)(i), Florida Statutes. I further certify that the information iture shall have the same legal effect as if made under cath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in

GUMD KY