

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90124 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044841

1. Corporation Name
AMRIT ENTERPRISES, INC.

Principal Place of Business
3291 W. SUNRISE BLVD. STE U33
FORT LAUDERDALE FL 33311

Mailing Address
15827 N.W. 10TH ST.
PEMBROKE PINES FL 33028
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1995

4. FEI Number
65-0589082

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BHOGAL, GURSHARAN
15827 N.W. 10TH ST.
PEMBROKE PINES FL 33028

81 Name BHOGAL, AMRITPAL
82 Street Address (P.O. Box Number is Not Acceptable)
15827 N.W. 10TH STREET
83
84 City PEMBROKE PINES, FL 85 Zip Code 33028

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 Amritpal Kaur Bhogal (SD) & Amritpal Kaur Bhogal 04-15-99
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME BHOGAL, GURSHARAN
STREET ADDRESS 15827 N.W. 10TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE ☒ HARVIND CHAHABRA ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 15869 N.W. 11TH STREET
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE SD ☐ DELETE
NAME BHOGAL, AMRITPAL
STREET ADDRESS 15827 N.W. 10TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Amritpal Kaur Bhogal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-99 954 584 3627
Date Daytime Phone #

CR2E034 (11/98)