

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90004 020 \*\*\*550.00

0002611

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000045286

1. Corporation Name  
 JAY KHODIYAR ENTERPRISES, INC.



Principal Place of Business: CONVINIENCE STONE, SOUTH DAYTONA FL 32119, US  
 Mailing Address: 901 BIG TREE ROAD, SOUTH DAYTONA FL 32119, US

DO NOT WRITE IN THIS SPACE

|  |         |                     |         |   |  |
|--|---------|---------------------|---------|---|--|
| 2. Principal Place of Business                                     |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                                       |  |
| 21   |         | 26                  |         | 06/06/1995  |  |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22   |         | 27                  |         | 59-3320173  |  |
| City & State   |         | City & State        |         | Applied For   |  |
| 23   |         | 28                  |         | Not Applicable  |  |
| Zip  | Country | Zip                 | Country | 5. Certificate of Status Desired  |  |
| 24   | 25      | 29                  | 30      | <input type="checkbox"/> \$8.75 Additional Fee Required                 |  |
| 9. Name and Address of Current Registered Agent                    |         |                     |         | 8. This corporation owes the current year Intangible Personal Property. |  |
| PATEL, HARSHAD<br>2013 OAK MEADOW CIRCLE<br>SOUTH DAYTONA FL 32119 |         |                     |         | <input type="checkbox"/> Yes <input type="checkbox"/> No                |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                    |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| PATEL, HARSHAD<br>2013 OAK MEADOW CIRCLE<br>SOUTH DAYTONA FL 32119 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE                      | P                      | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | PATEL, HARSHAD         |                                 |  | 1.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2013 OAK MEADOW CIRCLE |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | SOUTH DAYTONA FL 32119 |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | VP                     | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | PATEL, GANSHYAM D      |                                 |  | 2.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2013 OAK MEADOW CIRCLE |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | SOUTH DAYTONA FL 32119 |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | 3.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | 4.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | 5.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | 6.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | 6.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 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: SIGNATURE REQUIRED 7/27/99 (912) 233-6872

CR2E034 (5/99)