## 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 # P95000048610 (6)

IMPACT PROPERTIES IV. INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



			_		[	80), 880), 8168), 1800, 8068f \$180, 881, 1881
Principal Place of Business Mailing Address						
7827 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607		7627 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607		DO NOT WRIT	E IN THIS SPACE	
		,			3. Date Incorporated or Qualified	
					06/19/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26			3		59-3324574	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p	<b>–</b>
24	25	29	30		Personal Property Tax due Jun	
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New R	egistered Agent
STODDARD, RALPH C				Name	LESH M. PAT	157_
915 OAKFIELD DR., STE. F			82	Street Addre	ess (P.O. Box Number is Not Accepta	
Brandon FL 33511			-	<u>60</u>	9 W. DELEON	<u>ST.</u>
			83			
			84	City	MPA	FL 85 Zip Code 336006
dd Durauani	to the provisions of Sections 607.0502	and 607 1509 Florida Stati	utee the above			
office or re agent. I a	egistered agent, or both, in the State of mariliar with, and accept the obliga-	of Florida. Such change was ions of Section 607.0505, I	s authorized by Florida Statutes	the corporation	ion's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agricin	N/USH M. and title if applicable. (NO	PATEL  OIL: Registered Age	nl signature require	) . ed when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TITLE	Ď	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	KANJI, DILIP		1.2 NAME			
STREET ADDRESS	7627 COURTNEY CAMPBELL (	CAUSEWAY	1.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-S	r- 71P		
TITLE	Ď	DELETE	. 2.1 TITLE			☐ Change ☐ Addition
NAME	VALBH, ANIL		2.2 NAME			1
STREET ADDRESS	\$330 W. COLONIAL DR.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		2 4 CITY-S	3T - ZIP		
TITLE	D	☐ DELETE	31 TITLE			Change Addition
NAME	TUSHYAN, RAKESH		3.2 NAME			İ
STREET ADDRESS	7627 COURTNEY CAMPBELL (	CAUSEWAY	3.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		3.4. CITY - S	T - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY+ST-ZIP			4.4 CITY - S	r-ziP		
TITLE		DELETE	5.1 TITLE			Change L Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY+ST-ZIP			5.4 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST	T-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.

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