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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

11/29/00

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053022 (6)

PARTH INC OF HUDSON

Principal Plac	e of Business	Mailing Address	Mailing Address				T TORRINGES THE SECTION OF THE STATE OF THE SECTION					
13508 HICKS RD. HUDSON FL 34069		13508 HICKS RD. HUDSON FL 34889-3901										
						3. Date Incorporated or Qu 07/10/1995	alified		ate of Last 22/1996	Report		
2. Principal P	lace of Business	2a. Mailing Addross 26			4. FEI Number 59-3331297	4. FEI Number			applied For			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desi	red			Additional Required		
City & State	е	City & State			Election Campaign Finar Trust Fund Contribution	cing	\$5.00 May Be Added to Fees					
Zip	Country	Zip	Cou	ntry		8. This corporation has hab	ility for i	ntangible	tax under	s 199.032		
24	25	29	30			Florida Statutes		Yes [
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of I	lew Reg	gistered /	Agent			
PATEL, BHARAT KUMAR R				81	Name	FALGUNI G PATEL	ł					
	08 HICKS RD. OSON FL 34069		82 Street Ad			Address (P.O. Box Number is Not Acceptable)						
HUU			83		13508 HICKS RD							
				03								
				84	City	HUDSON		FL	34	Code 667		
11. Pursuant office or r	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes of Florida, Such change was au	s, the at ithorize	bove d by	-named the core	corporation submits this statement fooration's board of directors. I hereb	or the p viacger	urpose of	changing	its registered s registered		
agent. I a	egistered agent, or both, in the State om lamiliar with and accept the obligation	tions of, Section 607.0505, Flor	ida Stat	utes			,	4.1	1.10			
GIGNATURE	Signature, typerd or printed name of registered agen	all and with a state of the state of				required when rainstating)		dije	29/9	Z		
12.	Signature, typeoffer printed name of registered agen OF FICERS AND		18.	o Age	nt signaturo	ADDITIONS/CHANGES TO) OFFIC	FRS AND	DIBECTO	RS IN 12		
TITLE	P	DELETE	1.1 10	TLE					Change	Addition		
NAME	BHARAT KUMAR R. PATEL		1,2 N/	AME					·			
STREET ADDRESS	13508 HICKS RD.				ADDRESS							
CITY-ST-ZIP	HUDSON FL 34069		li .	1Y-SI								
TITLE		DELETE	2.1 1/			PRESIDENT		•	Change	★ Addition		
NAME			2.2 N/	AME		FALGUNI G PATEI						
STREET ADDRESS			2.3 ST	REFT	ADDRESS	13508 HICKS RD	•					
CITY-ST-ZIP			2.40	IIY-\$	1 - Z(P	HUDSON FL 3406	9					
TITLE		☐ DELETE	3.1 Ti	HE		SANJAY J PATEL	۷P		Change	★ Addition		
NAME			3.2 N	AME		13508 HICKS RD						
STREET ADDRESS		•	3.3 S1	REET	ADDRESS	HUDSON FL 3406	9					
CITY-ST-ZIP		T DELETE	3.4. C		T-ZIP				77.	<u>,</u>		
TITLE		LJ DELFTE	4.1 1/						☐ Change	Addition		
NAME			4.2 N									
STREET ADDRESS					ADDRESS							
CHY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 Ti		I - ZIP				Change	Addition		
NAME		الماردان الماردان	5.2 NA						L. J. Onlonge	nantion		
STREET ADDRESS					ADDRESS							
CITY-\$1-21P			5.4 CI									
TITLE		DELETE	6.1 TI	•	. 211				Change	Addition		
NAME			6.2 N/									
STREET ADDRESS					ADDRESS							
W.D. IE. W.D.	•		2.00		,							

■ 6.4 CITY-S1-ZIP

14. Ido 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 eath; 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.