FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057987

1. Corporation Name
SWAMI CORP.
D.B.A. TEXACO FOOD MART.

Principal Place of Business / Mailing Address
595, AVE "K" southeast.
WINTER HAVEN FL. 33880

2. Principal Place of Business: 21 595, AVE. K S.E.	2a. Mailing Address: 26 595, AVE. K. SE.
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23 WINTERHAVEN, FL.	City & State: 28 WINTER HAVEN FL.
Zip: 24 33880 / Country: 25 POLK.	Zip: 29 33880 / Country: 30 POLK.

3. Date Incorporated or Qualified: 15th July - 1995
3a. Date of Last Report:
4. FEI Number: 59-3324202. ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HEMLATA PATEL.
200 AVE K. S.E. APPT. # 92
WINTER HAVEN FL. 33880

10. Name and Address of New Registered Agent
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: H Patel HEMLATA G. PATEL. PRESIDENT 6/14/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT.	☐ DELETE
NAME	HEMLATA PATEL.	
STREET ADDRESS	200 AVE K. S.E. APT. 92	
CITY-ST-ZIP	WINTER HAVEN FL. 33880	
TITLE	VICE PRESIDENT.	☐ DELETE
NAME	JITENDRA I. PATEL.	
STREET ADDRESS	1475 S. BELCHER RD.	
CITY-ST-ZIP	CLEARWATER FL. ~~33880~~ 34624	
TITLE	FIRST OFFICER	☐ DELETE
NAME	ASHWIN PATEL.	
STREET ADDRESS	2741S, SR. 54 West.	
CITY-ST-ZIP	WesleyCHAPLE FL. 33543	
TITLE	SECOND OFFICER	☐ DELETE
NAME	RAJENDRA V. PATEL.	
STREET ADDRESS	2741S, SR. 54 WEST.	
CITY-ST-ZIP	WESLEYCHAPLE FL. 33543	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: H Patel HEMLATA G. PATEL PRESIDENT. 6/14/96 941-291-3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR