

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000058867 (9)**

1. Corporation Name  
**NISHANT INC.**

Principal Place of Business  
**4498 HENDRICKS AVE  
JACKSONVILLE FL 32207  
US**

Mailing Address  
**% DAVID A. KING, ESQ.  
1416 KINGSLEY AVE.  
ORANGE PARK FL 32073-4509**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>07/31/1995</b>	<b>3a. Date of Last Report</b> <b>03/28/1996</b>
<b>4. FEI Number</b> <b>59-3326156</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>KING, DAVID A</b> <del>1416 KINGSLEY AVE</del> <b>ORANGE PARK FL 32073</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>Attorney At Law</b> 83 <b>1416 Kingsley Avenue</b> 84 City <b>Orange Park,</b> <b>FL</b> 85 Zip Code <b>32073</b>	
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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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	DP <b>PATEL, NIMESH C</b> <b>1237 EAST WILLOW OAKS DRIVE</b> <b>JACKSONVILLE BEACH FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<b>4498 HENDRICKS AVE</b> <b>JACKSONVILLE FL 32207</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	DS <b>PATEL, SADHANA N</b> <b>1237 EAST WILLOW OAKS DRIVE</b> <b>JACKSONVILLE BEACH FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<b>4498 HENDRICKS AVE</b> <b>JACKSONVILLE FL 32207</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	

14. I do 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: **K**  **REQUIRED**  
**Nimesh C. Patel, President**  
 Date **4-7-97** Daytime Phone # **904-737-4000**  
 0015205

CR2E034 (9/96)