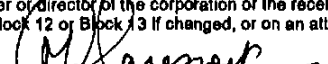


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000062358 1. Corporation Name GANESHAM SHIVAM ASSOCIATES, INC			
Principal Place of Business 4962 EBENSBURG DR. TAMPA, FL 33647-1382		Mailing Address 2a. P.O. BOX 280071 TAMPA, FL 33647-1382	
2. Principal Place of Business 21 5139 REDWOOD RD. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 280071 Suite, Apt. #, etc.	
22 City & State 23 DURHAM, NC		27 City & State 28 TAMPA, FL	
Zip 24 27704		Country 25 USA	
29 280071		30	
8. Name and Address of Current Registered Agent SARAWAT, MAHESH C. 4962 EBENSBURG DRIVE TAMPA, FL 33647-1382		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PO NAME SARAWAT, MAHESH <input type="checkbox"/> DELETE STREET ADDRESS 4962 EBENSBURG CITY - ST - ZIP TAMPA, FL 33647-1382		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 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 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 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 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		000002539370 -07/27/98--01054--053 ***550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		7-24	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/17/98 Date	
		Daytime Phone #	

CR2E034 (10/97)



THOMAS, KNIGHT, TRENT, KING AND COMPANY

PA

CERTIFIED PUBLIC ACCOUNTANTS
3400 CROASDALE DRIVE SUITE 301
DURHAM, NORTH CAROLINA 27705
PHONE: (919) 383-8585 FAX: (919) 382-3290

Ganesham Shivam Associates, Inc.

Year Ended 1998

Description	Due Date	Total Tax Due (Overpayment)
Enclosures are indicated by (X)		
(X) Corporation Annual Report - 1998	ASAP	\$ 550.00
() _____	_____	\$ _____
() _____	_____	\$ _____
() _____	_____	\$ _____
() _____	_____	\$ _____
() _____	_____	\$ _____
() _____	_____	\$ _____
() _____	_____	\$ _____

Signature - The original returns should be signed and dated by you/both of you. The copies are for your files.

Federal Payment - Make your check or money order payable to the Internal Revenue Service. Write your social security number and 199__ Form _____ on the payment.

Payment - Make your check or money order payable to _____. Write your social security number and 199__ Form _____ on the payment.

Mailing - The returns should be postmarked and mailed on or before the due date.

() Internal Revenue Service
Memphis, TN 37501

() North Carolina Department of Revenue
PO Box 25000
Raleigh, NC 27640

() Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

() _____

Special Instructions

