


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90053 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000062358**

1. Corporation Name

GANESHAM SHIVAM ASSOCIATES INC.

Principal Place of Business

**5139 REDWOOD RD.
DURHAM NC 27704**

Mailing Address

**P.O. BOX 280071
TAMPA FL**

New Address: **10417 Cypress Lake DR.
Deercreek Country Club**

3. Date Incorporated or Qualified

08/14/1995

2. Principal Place of Business

21 Days Inn Durham NC.

22 5139, Redwood RD.

23 DURHAM NC-27704.

24 27704 25 USA

2a. Mailing Address **Jacksonville FL**

26 FL-32256.

27 10417 Cypress Lake DR.

28 Deercreek Conty Club.

29 Jacksonville Country

30 FL-32256 USA

4. FEI Number

58-2213070

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SARASWAT, MAHESH C New Address:
4962 EBENSBURG DR **SARASWAT MAHESH C.**
TAMPA FL 33647-1382 **10417, Cypress Lake DR.**
Deercreek Country Club
Jacksonville FL-32256.

10. Name and Address of New Registered Agent

81 Name **Saraswat Mahesh C.**
82 Street Address (P.O. Box Number is Not Acceptable)
10417, Cypress Lake Dr.
83 Deercreek Country Club.
84 City **JACKSONVILLE FL-32256 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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/05/98
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SARASWAT, MAHESH C
STREET ADDRESS	4962 EBENSBURG DR TAMPA PALMS
CITY-ST-ZIP	TAMPA FL 33647-1382
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	Vice President. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SARASWAT MANISH.
2.3 STREET ADDRESS	10417, Cypress Lake DR
2.4 CITY-ST-ZIP	Deercreek Country Club
3.1 TITLE	Jacksonville FL-32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretarty.
3.3 STREET ADDRESS	SARASWAT MANJU.
3.4 CITY-ST-ZIP	10417 Cypress Lake Dr.
4.1 TITLE	Deercreek Country Club <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacksonville FL-32256.
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	

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, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/98

CR2E034 (1/98)