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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068209 (2)

KIRSHNA INC.

Principal Place of Business

Mailing Address

FILED Jan 20 1998 8:00am Secretary of State



1401 HIGHWA AUBURNDALE		1401 HIGHWAY 92 WEST Auburndale FL 33823			1	i				
AUDUNINDALE	FL 30020	אטטטחוזיטאנג דב שטנט			į	DO NOT WRITE IN	THIS SP	ACE		
						3. Date Incorporated or Qualified				
						08/28/1995				
	ace of Rusiness	2a. Mailing Address	0	STOP	16	4. FEI Number		Δ	Applied For	
	EL FOOD STORE		10 D	3101		59-3331848			lot Applicable	
Suite, Apt. 4 22	US HWY GLW	Suite, Apt. #, etc.	Wy (92 h	ן	5. Certificate of Status Desired]	•	Additional Required	
City & State		City & State	16	0	T	6. Election Campaign Financing		\$5.00	May Be	
	URNOALE 1- L	28 AUBURNDA	LE	<u> </u>		Trust Fund Contribution	<u>]</u>	Added	to Fees	
24 338	Country	7 P C 1 3	_ Countr ⊐	ρωι	-	8. This corporation owes or has paid the				
24 338	2 PO(S	29 3555 2 30	Ч	roci		Personal Property Tax due June 30. 10. Name and Address of New Regist			∐ No	
MAS		it neglateled Agent	81	Name		10. Name and Address of New Hogist	0100 79			
MATER, CHARLES N										
1401 HIGHWAY 92 WEST AUBURNDALE FL 33823					82 Street Address (P.O. Box Number is Not Acceptable)					
					83					
			_					,		
			84	City			FL	85 Zip	Code	
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the abov	re-named c	corpora	ation submits this statement for the purp	ose of ch	l_ nanging	its registered	
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, or believe the submits of the submits of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
	mamiliar with, and accept the obliga	ations of, acction 607.0305, Florid	a Statute	· S .						
SIGNATURE 5	Signature, typed or printed name of registered age	ant and tale if applicable (NOTE: Fir	egisterud Ag	ont signature n	equired v	when reinstating) D	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND D	IRECTO	RS IN 12	
TATLE	DP	☐ DELETE	1.1 111LE] Change	Addition	
NAME	PATEL, CHIMAN		1.2 NAME							
STREET ADDRESS	1401 HIGHWAY 92 WEST		1.3 STREE	1 ADDRESS					İ	
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-	S1-7IP						
TITLE	\$1	☐ DELFTE	2.1 TITLE				L	_ Change	Addition	
NAME	PATEL, HANSA		2.2 NAME							
STREET ADDRESS	1401 HIGHWAY 92 WEST		2.3 STREE	1 ADDRESS						
CITY-ST-ZIP	AUBURNDALE FL 33823		2. 4 CITY-	ST-ZIP		·····		1		
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STREET ADDRESS				1 ADDRESS						
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STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE	0)-EII				Change	Addition	
NAME		_	6.2 NAME					•		
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			6.4 CITY-							
14. I hereby ce	ertify that the information supplied w	ith this filing does not qualify for th	no exemp	otion stated	l in Se	ection 119.07(3)(i), Florida Statutes. I furth	ner certif	y that th	e 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.										
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