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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068209

1. Corporation Name
KIRSHNA INC.

Principal Place of Business
ANGEL FOOD STORE
1401 US HWY 92W
AUBURNDALE FL 33823
US

Mailing Address
ANGEL FOOD STORE
1401 US HWY 92 W
AUBURNDALE FL 33823
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	
21	1401 US HWY 92 W	26	1401 US HWY 92W
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23 AUBURNDALE FL	City & State 28 AUBURNDALE FL	
Zip 24 33823 Country 25 POLK	Zip 29 33823 Country 30 POLK	

3. Date Incorporated or Qualifed
08/28/1995

4. FEI Number
59-3331848
☐ Applied For
☐ Not Applicable

5. Certifcate 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

MAYER, CHARLES R
1401 HIGHWAY 92 WEST
AUBURNDALE FL 33823

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **PATEL, CHIMAN**		1.2 NAME	
STREET ADDRESS **1401 HIGHWAY 92 WEST**		1.3 STREET ADDRESS	
CITY-ST-ZIP **AUBURNDALE FL 33823**		1.4 CITY-ST-ZIP	
TITLE **ST**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **PATEL, HANSA**		2.2 NAME	
STREET ADDRESS **1401 HIGHWAY 92 WEST**		2.3 STREET ADDRESS	
CITY-ST-ZIP **AUBURNDALE FL 33823**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____   1-4-99   941 965 0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)