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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000072876 (2) DOCUMENT #

BHIKTEL INCORPORATED

Principal Place of Business	Mailing Address	r nabylder tig telet delit delit delit delit delit (fable ifdel f
3495-6 THOMASVILLE RD TALLAHASSEE FL 32308	3495-6 THOMASVILLE RD TALLAHASSEE FL 32308	DO NOT WRITE IN TH IS S PACE
		3. Date Incorporated or Qualified 09/19/1995
Principal Place of Business Section 21	2a. Mailing Address 26	4. FEI Number 59-3339044
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired 58.
City & State	City & State	6. Election Campaign Financing CE

FILED Aug 20 1998 8:00am Secretary of State

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668 1314

						09/19/1995				
2.	Principal Place	of Business	2a. Mailing Address			4. FEI Number		Applied For		
21			26			59-3339044		Not Applicable		
	Suite, Apt. #, etc	5 .	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	3.75 Additional		
22			[27]			C. Colanda of Braide Boomed	· · ·	Fee Required		
	City & State		City & State			6. Election Campaign Financing	\$	5.00 May Be		
23	_		28					Added to Fees		
L	Zip	Country	Zip	Countr	У	8. This corporation owes or has paid	the current y			
24		25		10		Personal Property Tax due June 3				
		Name and Address of Current	Hegistered Agent	B1	Name	10. Name and Address of New Regi	stered Agent	<u></u> _		
	PATEL, ARUN 3495-8 THOMASVILLE RD TALL A HASSEE FL 32308									
						82 Street Address (P.O. Box Number is Not Acceptable)				
ļ										
				83	Ì					
				84	City		85	Zip Code		
Ì					l					
1						rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of chan	ging its registered		
1	agent. I am ia	miliar with, and accept the obliga	tions of, Section 607.0505, Flor	ida State	S.	and the board of directors. Thereby accept t	ne appointme	ant as registered		
	ICALATI IDE									
	Signa	ture, typod or printed name of registered agos			int signature requ	uired when reinstating)	DATE			
1	2.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICER				
) N	rut)	P	DELETE	1.1 LE	}		☐ Ch	nange 🔲 Addition		
, N		MR. K. BHIKHA		1.2 ME	- 1					
SI	III.C. I PARISON CO.	120 PARKWOOD WAY			ADDRESS					
CI		ALPHARETTA GA 30201	- Driver	1.4 S	T-ZIP					
Įπ		VP/S	DECETE	2.1	1	<i>'</i> .	☐ Ch	ange 🔲 Addition		
N		MR. A. PATEL		2.2ME	1					
s		841 FULTON RD., #93			Address					
Lc	ITY-ST-ZIP	TALLAHASSEE FL 32312		2. fY-S	1-21P					
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) N	AME)			3. 2 ME	}			j		
s ¹	REET ADDRESS				ADDRESS					
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C	rry-st-ZIP			5/Y-ST	ZIP			}		
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J N	IAME			BIME	j			j		
s	TREET ADDRESS			6 EET A	DORESS					
10	OTTY-ST-ZIP	<u></u>		6Y-ST-	2IP)		
1	4. I hereby certif	y that the information supplied w	ith this filing does not qualify for	r themptic trate that	on stated in	Section 119.07(3)(i), Florida Statules, I further shall have the same legal offect as if made legal offett as if made legal of	er certify that	the information		
				xecuis re	port as requ	pired by Chapter 607, Florida Statules; and	te under oath that my namr	; that I am an		
1	Block 12 or B	lock 13 if changed, or on an ana	chment with an address.	{						

MR A PATEL