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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 12 1997 8:00am

Secretary of State

954-341-9330

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078617 (4)

GOLDEN INDIA, INC.

I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Plac	e of Business	Mailing Address	Mading Address						
10367 ROYAL PALM BLVD. CORAL SPRINGS FL 33065		10367 ROYAL PALM BLVD. CORAL SPRINGS FL 33085-4817							
						3. Date Incorporated or Qualified 10/12/1995		ate of Last 01/1996	,
2. Principal Place of Business		2a, Mailing Address	h			4, FEI Number			Applied For
21		26	4						Not Applicable
Suite, Λρt #, etc 22		Suite, Apt. #, etc.	27			6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	<u> </u>	Added	d to Fees
<i>Ζ</i> φ □	Country	Zip .	Country		:	8. This corporation has liability for it			s. 199.032,
24	25		30			Florida Statutes Yes No  10, Name and Address of New Registered Agent			
	<ol><li>Name and Address of Curre OMON, ROBERT</li></ol>	nt Registered Agent	В	1	Name	10, Name and Address of New Meg	jistered /	Agent	<del> </del>
		I Name							
	7 ROYAL PALM BLVD.		82 Street Ad			ss (P.O. Box Number is Not Acceptab	ie)		
COR	AL SPRINGS FL 33065		83						<u></u>
			8	3		• .			
			8-	4	City		FL	85 Zip	Code
office or r agent La SIGNATURE	egistered agent, or both. In the State in familiar with, and accept the oblig	pations of, Section 607.0505, Flori	ida Statuti	es.		oration submits this statement for the pon's board of directors. I hereby accep		ointment a	is registered
12.	TO STATE OF THE ST	ID DIRECTORS	13.	gent	signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CDQ ANID	DIDECTO	NO 141 20
TITLE	PTD	DELETE	1.1 Totle		<del></del>	ADDITIONS/OFFICES TO OFFIC	ENS AND	Change	
NAME	SOLOMON, ROBERT		1.2 NAME					the contract	
STREET ADDRESS	10367 ROYAL PALM BLVD.		1.3 STREE		nnecee				
CITY - ST - ZIP	CORAL SPRINGS FL 33065		1.4 CITY-		·				
TITLE	VSD	☐ DELETE	2 1 TITLE		<u>zir</u>			Change	Addition
NAME	SINGH, HARMINDER								LLL MEDICAL
STREET ADDRESS	10367 ROYAL PALM BLVD.		2.3 STREE		UUDEGG				
CITY ST-ZIP	CORAL SPRINGS FL 33065								
Jilief			2.4 CITY 3.1 TITLE		ZIP		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	☐ Change	Addition
NAME			3.2 NAME					LL Citary	
STREET ADDRESS			3.3 STREI		AUDECC	•			
CITY -S1 - 7IP			3.4. CITY		·				
DILF		☐ DELETE	4.1 TITLE	• • • •	Z.IF			Change	☐ Addition
NAME			4.2 NAM		1			Principo	
STREET ACIDRESS					NODE DE				
			4.3 STREI						
CITY-SI-709 TOTUE		DELETE	4.4 CITY- 5.1 TITLE		LIF	1		Change	Addition
NAME		house by his his to	1			•		res succide	FOURIOR I
			5 2 NAME		NDOTOD				
STREET ACCRESS			53 STREI		1				
CHY-ST-7-P		DELETE	54 CITY -	_	ZIP	The second secon		Chapas	Addition
TITLE			61 TITLE					L Change	Modition
NAME			6 2 NAME						
STREET ADDRESS			63 STREE	ET AD	IDRESS				

14. I do 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 court ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR