

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90060 002 ***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 # P95000085921

1. Corporation Name
PANJWANI ENTERPRISES INC.

Principal Place of Business 632 BEACH BLVD. JACKSONVILLE BEACH FL 32250	Mailing Address 632 BEACH BLVD. JACKSONVILLE BEACH FL 32250
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1996	
4. FEI Number 59-3345983	Applied For ☐ Not Applicable
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 4449 HUNTER'S HAVEN LANE E. 27 City & State 28 JACKSONVILLE FL 29 Zip 30 32224 USA
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9. Name and Address of Current Registered Agent

PANJWANI, NIRANJAN K
4449 HUNTER'S HAVEN LANE E
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PANJWANI, NIRANJAN K	1.2 NAME	
STREET ADDRESS	4449 HUNTER'S HAVE LANE E	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PANJWANI, MAYA	2.2 NAME	
STREET ADDRESS	4449 HUNTER'S HAVE LANE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARORA, MONICA	3.2 NAME	
STREET ADDRESS	4449 HUNTER'S HAVE LANE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PANJWANI, ANUP K.	4.2 NAME	
STREET ADDRESS	4449 HUNTER'S HAVEN LANE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)