

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

FILED

Feb 11 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000091516 (1)

1. Corporation Name

SHIVA CAPITAL CORPORATION

Principal Place of Business

157 VISTA OAK DR.  
LONGWOOD FL 32779

Mailing Address

157 VISTA OAK DR.  
LONGWOOD FL 32779-3012

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

08/20/1996

4. FEI Number

59-3351881

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 223 Hickman Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 223 Hickman Dr  
Suite, Apt. #, etc.

City &amp; State

23 Sanford, FL

City &amp; State

28 Sanford, FL

Zip

24 32771

Country

Zip

29 32771

Country

30

9. Name and Address of Current Registered Agent

GARRETT, MARK W  
20 N. ORANGE AVE, SUITE 600  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

BIPIN PATEL

82 Street Address (P.O. Box Number is Not Acceptable)

223 HICKMAN DR.

83

84 City

SANFORD

FL

85 Zip Code

32771

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 BIPIN PATEL

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

02/05/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME VIRADIA, RAKSHA  
STREET ADDRESS 157 VISTA OAK DR,  
CITY - ST - ZIP LONGWOOD FL 32779TITLE D ☐ DELETENAME GADHIA, VIMALA P  
STREET ADDRESS 157 VISTA OAK DR,  
CITY - ST - ZIP LONGWOOD FL 32779TITLE D ☐ DELETENAME PATEL, LEENA B  
STREET ADDRESS 157 VISTA OAK DR,  
CITY - ST - ZIP LONGWOOD FL 32779TITLE D ☐ DELETENAME CHAUDHARI, MENNA G  
STREET ADDRESS 157 VISTA OAK DR,  
CITY - ST - ZIP LONGWOOD FL 32779TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS 223 HICKMAN DR.  
1.4 CITY - ST - ZIP SANFORD, FL 327712.1 TITLE ☒ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS 223 HICKMAN DR.  
2.4 CITY - ST - ZIP SANFORD, FL 327713.1 TITLE ☒ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS 223 HICKMAN DR  
3.4 CITY - ST - ZIP SANFORD, FL 327714.1 TITLE ☒ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS 223 HICKMAN DR  
4.4 CITY - ST - ZIP SANFORD, FL 327715.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 322-8300

Daytime Phone #

CR2E034 (9/96)