


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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000003523 (3) 1. Corporation Name SUDS AND SOAP, INC.					
Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH SUITE 150 CLEARWATER FL 34624			Mailing Address 18167 U.S. HIGHWAY 19 NORTH SUITE 150 CLEARWATER FL 34624		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [REDACTED]		2a. Mailing Address 2240 Belleair Road, Ste 160 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/11/1996	
22. City & State Clearwater, Florida		27. City & State Clearwater, Florida		4. FEI Number 59-3352854	
23. Zip 33764		28. Zip 33764		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country USA		29. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PATEL, SANDIP I 18167 U.S. HIGHWAY 19 NORTH SUITE 150 CLEARWATER FL 34624				10. Name and Address of New Registered Agent 81. Name Sandip I. Patel 82. Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Road 83. Suite 160 84. City Clearwater 85. Zip Code FL 33764	

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	D	1.1 TITLE	
NAME	JAKHOTIA, DEEPAK	1.2 NAME	
STREET ADDRESS	15334 WINDING CREEK DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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, changed, or on an attachment with an address.

SIGNATURE:

DEEPAK JAKHOTIA

1/14/98

(813) 797-5793

CR2E034 (10/97)