

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000007336

1. Corporation Name
VAISHANAVI INC.

Principal Place of Business
4620 W. GANDY BLVD.
TAMPA FL 33611-3306

Mailing Address
4620 W. GANDY BLVD.
TAMPA FL 33611-3306

FILED

22 AUG -5 AM 8:17

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



2/22/99 90043014 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FET Number
59-3355340

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 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PATEL, YOGESHKUMAR
4620 W. GANDY BLVD.
TAMPA FL 33611-3306

81 Name

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

83

84

FL 85

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 translating)

1/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME YOGESHKUMAR PATEL
STREET ADDRESS 4620 W. GANDY BLVD.
CITY-STATE-ZIP TAMPA FL 33611

TITLE VP ☐ DELETE

NAME SMITABEN Y. PATEL
STREET ADDRESS 4620 W. GANDY BLVD.
CITY-STATE-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

801 EAST MAIN ST
CARBONDALE, IL 62901

☒ Change ☐ Addition

801 EAST MAIN ST
CARBONDALE, IL 62901

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

1/10/99 618/457-3347

0066921

CR2E034 (5/99)

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