

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021436 (6)

1. Corporation Name
SHADHANA ENTERPRISES, INC.

Principal Place of Business

3636 IDLEHOUR DRIVE
ORLANDO FL 32822

Mailing Address

3636 IDLEHOUR DRIVE
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

59-3441461

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 221 E. Colonial Drive

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

24 32801

Country

2a. Mailing Address

26 221 E. Colonial Drive

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32801

Country

10. Name and Address of New Registered Agent

81 Name

HAROLD F. KEENE CPA

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

826 N. John Street Ste 103

83

84 City

ORLANDO

FL

85 Zip Code
32808

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
PATEL, SMITA
STREET ADDRESS 3636 IDLEHOUR DRIVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME D
PATEL, MAHENDRA
STREET ADDRESS 3636 IDLEHOUR DRIVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 221 E. Colonial Drive
1.4 CITY-ST-ZIP Orlando, FL 32801

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 221 E. Colonial Drive
2.4 CITY-ST-ZIP Orlando, FL 32801

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SM Patel smile Patel
04-17-98 407 425 9065

CR2E034 (10/97)