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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022388 (8)**

1. Corporation Name
KHALSA INC.

Principal Place of Business	Mailing Address
1418 WOOD VIOLET DRIVE ORLANDO FL 32824	1418 WOOD VIOLET DRIVE ORLANDO FL 32824-6402

3. Date Incorporated or Qualified: 03/06/1996
3a. Date of Last Report:
4. FEI Number: 59-3370340 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21: 675 S. Semoran Blvd
Suite, Apt. #, etc. 22:
City & State 23: Orlando, FL
Zip 24: 32807 Country 25: Orange

2a. Mailing Address
26: 675 S. Semoran Blvd
Suite, Apt. #, etc. 27:
City & State 28: Orlando, FL
Zip 29: 32807 Country 30: Orange

9. Name and Address of Current Registered Agent
CHADA, ARVINDER SINGH
1418 WOOD VIOLET DRIVE
ORLANDO FL 32824

10. Name and Address of New Registered Agent
31 Name: Hopkins, Robert
32 Street Address (P.O. Box Number is Not Acceptable): 675 S. Semoran Blvd.
33:
34 City: Orlando, FL 35 Zip Code: 32807

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: X Robert Hopkins ROBERT HOPKINS 4-30-97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT CHADA, ARVINDER SINGH 1418 WOOD VIOLET DRIVE ORLANDO FL 32824 ☐ DELETE	1.1 / 1.2 / 1.3 / 1.4	D, P, T Hopkins, Robert 675 S. Semoran Blvd Orlando, FL 32807 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CHADA, JAGTAR KAUR 1418 WOOD VIOLET DRIVE ORLANDO FL 32824 ☐ DELETE	2.1 / 2.2 / 2.3 / 2.4	D, VP, S Young, Jerald Ann 675 S. Semoran Blvd. Orlando, FL 32807 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 / 3.2 / 3.3 / 3.4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 / 4.2 / 4.3 / 4.4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 / 5.2 / 5.3 / 5.4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 / 6.2 / 6.3 / 6.4	☐ Change ☐ Addition

CR2E034 (9/96)

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: X Robert Hopkins ROBERT HOPKINS 4-30-97 (407) 277-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #