

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

FILED
May 08 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 # P96000026593 (9)
 1. Corporation Name
NARESHWER CORP.



Principal Place of Business 1590 34TH STREET SOUTH ST. PETERSBURG FL 33711	Mailing Address 1590 34TH STREET SOUTH ST. PETERSBURG FL 33711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 W Vine Street Suite, Apt. #, etc.		2a. Mailing Address 26 410 W Vine Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/26/1996	
22. City & State 23 Kissimmee, FL		27. City & State 28 Kissimmee, FL		4. FEI Number 59-3392645	
24. Zip 34741		25. Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip 34741		30. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent PATEL, CHANDRAKANT 1590 34TH STREET SOUTH ST. PETERSBURG FL 33711				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent PATEL, CHANDRAKANT 1590 34TH STREET SOUTH ST. PETERSBURG FL 33711				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)		410 W. Vine Street			
83					
84 City		Kissimmee		85 Zip Code FL 34741	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, CHANDRAKANT		1.2 NAME		
STREET ADDRESS	1590 34TH STREET SOUTH		1.3 STREET ADDRESS	410 W. Vine Street	
CITY-ST-ZIP	ST. PETERSBURG FL 33711		1.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, SAROJ		2.2 NAME		
STREET ADDRESS	1590 34TH STREET SOUTH		2.3 STREET ADDRESS	410 W. Vine Street	
CITY-ST-ZIP	ST. PETERSBURG FL 33711		2.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address.

SIGNATURE: *C. Patel* **CHANDRAKANT PATEL** *4/28/98* **407-846-2015**

CR2E034 (10/97)