

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

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000027570 (6)**

1. Corporation Name

**GANESH HOSPITALITY, INC.**



Principal Place of Business

Mailing Address

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

**5728 MAJOR BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**SUITE 302**

City & State

City & State

23

28

**ORLANDO FL**

Zip

Country

Zip

Country

24

25

29

30

**ORANGE**

4. FEI Number

Applied For

**59-3380488**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, ARVIND**

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D**

☐ DELETE

NAME

**PATEL, ARVIND**

STREET ADDRESS

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**PATEL, SANJAY**

STREET ADDRESS

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**PATEL, NARAN**

STREET ADDRESS

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**NATHOO, HERENDRA**

STREET ADDRESS

**4872 CYPRESS WOODS DRIVE, APT 321  
ORLANDO FL 32811**

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**JITENDRA, PATEL**

STREET ADDRESS

**4872 CYPRESS WOODS DR., APT. 321  
ORLANDO FL**

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

CR2E034 (10/97)