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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # P96000028772 (7)

PRIYNK,						
Principal Place of Business 149-P SOUTH RIDGEWOOD AVE., STE. 710 DAYTONA BEACH FL 32114 Mailing Address 149-P SOUTH RIDGEWOOD AVE., STE. 710 DAYTONA BEACH FL 32114-3258				(1.00 mg/) No 12(19 S(N) S(N) S(N) 20(1) S(N) 115(1 191) 10(1) 10(1) 10(1) 10(1)		
		,		3. Date Incorporated or Qualified 04/01/1996	3a. Date of L	ast Report
- m - m	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 1000	Derbyshire Kd	26 1000 Derby	shire Kd	<u> 59-336 9261</u>		Not Applicable
Suite Apt #	t. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		. 75 Additional ee Required
City & State		City & State	ach 70	6. Election Campaign Financing		.00 May Be
23 Dayte	ona Beach Country	28 Daytona Be	Country	Trust Fund Contribution		ided to Fees
7e3	3a117 25	1	30	8. This corporation has liability for Florida Statutes	7 Yes No	der 8. 199.032,
:II	9. Name and Address of Current		~~\	10. Name and Address of New Re		
BARI	KIN, MARSHALL H		81 Name		·	
	P SOUTH RIDGEWOOD AVE., ST	E. 710	82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
DAY	TONA BEACH FL 32114					
			83			
			84 City	10 10 10 10 10 10 10 10 10 10 10 10 10 1	85	Zip Code
	10	1007 4500 Ft 1 0 1		poration submits this statement for the partion's board of directors. I hereby acce	FL °	· · · · · · · · · · · · · · · · · · ·
12.	Sequence type or or printed name of regettered agent OF FICERS AND		Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE	CTORS IN 12
11/1E	P.V. D.S.T	DELETE	1.1 TITLE	111111111111111111111111111111111111111	Ci	ange Addition
NAME	P.V.D.S.T Prakash Patel 1000: Derbyshire Rd Dwytona Beach 7		1.2 NAME			
STREET ADDRESS	1000 Derbushire Rd		1.3 STREET ADDRESS			
COTY ST 70°	Daytona Beach +	e 3a117 □ DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		☐ Ch	ange Addition
TILE NAME		C) DECENT	2.1 TIFLE 2.2 NAME			Suide T Manusou
STREET ALDRESS			2.3 STREET ADDRESS			
CITY- \$1-7/0			2. 4 CITY-ST-ZIP			
THE	,	DELETE	3.1 TITLE	***************************************	☐ Ci	ange
NAM:			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
0th - 51 - 7P			3.4, CITY-ST-ZIP		F-1 &	
Tihif		DELETE	4.1 TITLE		L. Cr	ange L. Addition
NAME			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS COLY - ST - Zig			4.3 STREET ADDRESS			
THUE		DELETE	5.1 TITLE		☐ Cr	ange Addition
NAME		 · ·	5.2 NAME			
STREET ADMINESS			5.3 STREET ADDRESS			
CHY SI-7 F			54 CITY-ST-ZIP		····	
1804		☐ DELETE	61 TIYLE		Cr	ange
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St ZiP	w carlifuthal the information curveless	with this filing dose not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statute	as I further const	u that the
informatio Lam an of	n indicated on this annual report or si	applemental annual report is tru the receiver or trustee empowe	ue and accurate and tha red to execute this repo	nt my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if ma	de under oath; that

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 01 1997 8:00am

Secretary of State

0020800