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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P96000032694 (7)

PITA HUT ENTERPRISES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							t contract the costs often about about select octobs select times asit of the root			
9800 INTERNATIONAL DR. 7116 KENSINGTON HIGH BLVI						H BLVD				
ORLANDO FL 32909				ORLANDO FL 32818					DO NOT WRITE IN THIS SPACE	
UŞ								3. Date Incorporated or Qualified		
									04/10/1996	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	
21				26					59-3361420 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					S8 75 Additional	
22				27					5. Certificate of Status Desired Fee Required	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be	
23				28					Trust Fund Contribution Added to Fees	
Zip	Country			Zip Country			intry	,	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Current			29	•				Personal Property Tax due June 30. Yes No	
			of Current R	egistered /	Agent		81		10. Name and Address of New Registered Agent	
	akhuja, su						61	Name	ne	
	118 KENSING	BLVD				82	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32818							-			
							83			
							84	City	85 Zip Code	
44.5			202.07.00				<u> </u>		FL 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
Signature, typed or printed manie of registered agent and tille it applicable (NOTE:							d Age	nt signature	sture required when reinstating) DATE	
12.	<u> </u>	OFFI	CERS AND D	IRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAPULL	A CUIDEND	AD		☐ DELETE	1.1 11			Change Addition	
NAME		A, SUREND	ar High Blvd			1.2 N				
STREET ADDRESS	ORLAND		HIGH DLYD					ADDRESS	SS	
CITY-ST-ZIP	OUTVIAN	U FL			DELETE	_		T - ZIP	Change Addition	
TITLE	SALDITA 9	A, SHITAL			□ ottett	21 TI			Cirange Ci xaanoon	
NAME			HIGH BLVD			22 N		455555		
STREET ADDRESS	ORLAND		THOST DLYD					ADDRESS	05	
CITY-ST-ZIP TITLE	D	<u>V FL</u>			DELETE	3 1 TJ		ST-ZIP	Change Addition	
NAME	S MAKHUJ	A ANKLID			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.2 N				
STREET ADDRESS			HIGH BLVD					Annoree		
CITY-ST-ZIP	ORLAND		I HOR I DEVE			1		ADDRESS	55	
TITLE	2110110	<u> </u>			DELETE	4 1 TI		ST-ZIP	Change Addition	
NAME						4.2 N			Li onango (Li Mulitoti	
STREET ADDRESS								address	22	
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CITY-ST-ZIP TITLE					DELETE	4.4 CI		1 - LIF	Change Addition	
NAME						5.2 N				
STREET ADDRESS						1		ADDRESS	· · ·	
						1			~	
CITY-ST-ZIP TITLE	- -				DELETE	5.4 Ct		1 - 2117	Change Addition	
NAME	1				PLA VILLE	6.2 N			Change Addition	
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP						6.4 CI) 	
OFF TO STATE						0.4 (-1	11.2	1-511		

14. I hereby certify that the information supplied with this filling 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 of fusite 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 attaching their indicates.