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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## DOCUMENT # P96000034783 (6)

GANESH GROCERY, INC.

Principal Place of Opisiness Mailing Address								
1214 ORTIZ AVE	3906	1214 ORTIZ AVE FT MYFRS FL 33905-443	4 ORTIZ AVE					
11620 N. 22MD STREET TEMPH PL- 33612				3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1996			port	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	T Ap	plied For
21 1/620 N. 22 ND STREET 26					65-0661217		Not Applicable	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27					5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip Country 24 336/2 25 HILSBRURD		Zip	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agei	nt	
RATH	IOD, MOHAN R		81	Name				
1214 ORTIZ AVE FT MYERS FL 33905				Street Add	ress (P.O. Box Number is Not Acceptab	le)		
ri w	TENS PL 33903		83			<del></del>		
			84	City		FL 8	5 Zip C	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	io of Florida. Such change wa	ie authorizad hy	the corneral	poration submits this statement for the p tion's board of directors. I hereby acces	urpose of cha at the appointr	inging its nent as i	registered registered
SIGNATURE	Stip ahm, hyped or priorical name of registered a	uset and title it applicable (N	IOTE: Registered Age	nt signature regul	red when reinstating)	DATE		
12.		ND DIRECTORS	13.	in algricture requi	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	DIRECTOR	DELETE	1.1 TITLE				Change	Addition
NAME		PATEL	1.2 NAME	ĺ				
STREET ADDRESS	ANSUYABEN K	STREET	1.3 STREET	ADDRESS				
CITY-ST-ZIP	TEMPA PL- 3	38/2-	1.4 CITY - S	T-ZIP			_	
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADORESS		, ,	2.3 STREET	ADDRESS				
Crty-St-ZiP		DELETE	2.4 CITY-5	ST-ZIP				
THILE	<u></u>		3.1 TITLE	Į	W. C.	لا	Change	L Addition
NAME			3.2 NAME					
STREET ADORESS			3.3 STREET					
CITY-ST-ZIP		DELETE	3.4. CITY-5	ST-ZIP			Change	Addition
TITLE		T' DETELE	4.1 TITLE			لبا	Change	L.) Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY - ST - ZIP		DELETE	4.4 CITY - S 5.1 TITLE	1 - ZiP			Change	Addition
TITLE		ا المداد				لسا	Atm No.	(۱۹۹۱۱۱۹۹۱ بي
NAME CTOTET LODDICES			5.2 NAME	ADDDEED				
STREET ADDRESS			5.3 STREET					
CITY - \$1 - ZIP		DELETE	5.4 CITY - S	I-ZIP			Change	Addition
THTLE		C) ACTEUE	6.1 TITLE			ليا	onary:	☐ waltidi
NAME			6.2 NAME	4000000				
STREET ADDRESS			63 STREET	ADDRESS				

14. I do 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 supplied 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OF DIRECTOR

1/6/97

Daytime Phone #

**FILED** 

Feb 04 1997 8:00am

Secretary of State