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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035522 (7)

**TEJAS & PRATIK INC** 

L						
Principal Place of Business		Mailing Address		i indiitani ita ifate brist abitt affilt abitt allen	7 (1110) Oliai atisa Ilaia 1121 fkai	
3385 S. HWY. 17-92 #101 CASSELBERRY FL 32707		3385 S. HWY. 17-92 #101 CASSELBERRY FL 32707		DO NOT WRITE IN TH	IIS SPACE	
1					3. Date Incorporated or Qualified	10 01 710 2
					04/24/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3396254	Not Applicable
Suite, Apl.	₩, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			C. Commodic of Grands Scotted	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28	- Co.	intry	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		irnry	8. This corporation owes or has paid the	current year Intangible  Yes No
24	25   9, Name and Address of Curre	29 ent Registered Agent	30	<u> </u>	Personal Property Tax due June 30.  10. Name and Address of New Registers	
DA	TEL, JAYSHREE M	on nogotorou rigon		81 Name	10.	W Agoni
	85 S. HWY. 17-92 #101		ı			
	SSELBERRY FL 32707			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
04	OSELBERNI FL S2707			83		
			į			····
				84 City	F	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	tutes, the at	bove-named corp	oration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered
agent la	m familiar with, and accept the obli	igations of, Section 607.0505,	Florida Stat	tutes.	orts board of directors. Thereby accept the a	appointment as registeres
SIGNATURE						
	Signature, typed or printed name of registered a			d Agent signature require		
12.	PSTD OF TICERS A	ND DIRECTORS  DELETE	13. 1.1 Ti	T. F.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PATEL, MUKUND	C) bittit	1.1 11 1.2 N/			C ollenge C Adollion
STREET ADDRESS	3385 S. HWY. 17-92 #101			ireet adoress		
CITY-ST-ZIP	CASSELBERRY FL 32707					
TITLE	OAGGEDERNI TE GETOT	DELETE	2.1 TJ	TY-ST-ZIP		Change Addition
NAME			22 N		A4 4 .	1
STREET ADDRESS			1	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	3.1 Ti			Change Addition
NAME			3.2 N/	Į		
STREET ADDRESS			3.3 S1	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	4.1 TI			☐ Change ☐ Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 S1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	5.1 7)			Change Addition
NAME			5.2 NA	AME		
STREET ADDRESS			5.3 \$1	FREET ADDRESS		
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		
TITLE		DELETE	6.1.70	YI E		Change Addition

14. Thereby 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: J. J. Pato

NAME STREET ADDRESS

Jarshree M Patil

3-25-98

**FILED** 

Mar 31 1998 8:00am

Secretary of State

407-830-1620