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

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000040183

1. Corporation Name

IMPACT PROPERTIES V, INC.

Principal	Place	of	Business

## Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90045 037 \*\*\*150.00



7627 COHOTHE		Maining A	duless						
TAMPA FL 3360	Y CAMPBELL CAUSEWAY	7627 COU Tampa Fl	rtney Campbell . 33607	. Cause	EWAY		oo vot worte in t	THE SPACE	
							DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporate	d or Qualifed		
	•					05/01/1996			
2. Principal Pl	lace of Business	2a. Mailin	g Address			4. FEI Number		Ar	oplied For
21	·	26				59-3379157		No	ot Applicable
Suite, Apt.	# etc	<del></del>	Apt. #, etc.					\$8.75	Additional
	n, 010.	27				5. Certifcate of Stat	us Desired 🔲		equired · -
22			State			C Flatin Commois	en Eleanoina	\$5.00	May Be
City & State	e	— ·	State			6. Election Campaig			to Fees
23		28				Trust Fund Contr			in rees
Zip	Country		Zip Country		8. This corporation owes the current year Intangible				
24	25	29		30		Personal Propert		☐ Yes	(SHIO
	9. Name and Address of Current	Registered A	Agent			10. Name and Addr		red Agent	
					81 Name	DILIP ICAN	<b>3</b> 1		
	el, nile8a M			1	82 Street A	ddress (P.O. Box Number i	e Not Acceptable)		
609	w deceon st			1	Siree A	27 COURTNEY	CAMI SELL	YWZ	
TAM	PA FL 33606				83	21 00011100_1			
,	,			1					
					84 City	TAMA		FL 85 Zip	Code <b>3 6 0 1</b>
44 Duraugat	to the provisions of Sections 607.0502	and 607 150	R Elorida Statutos	the at			amont for the number	o of changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Sucl	h change was au	thorized	by the corpor	ation's board of directors.	hereby accept the a	ppointment as re	gistered
agent. I ai	m familiar with, and accept the obligation	ons of, Sectio	n 607.0505, Flori	da Statu	utes.		• •		
SIGNATURE		DILLE	160,000					२। <i>~</i> २७	}
	Signature, typed of printed name of registered agent		•	<del>-</del>	Agent signature rec	quired when reinstating)	DAT		
12,	OFFICERS AND	DIRECTOR		13.		ADDITIONS/CHAI	NGES TO OFFICER		
TITLE	D	•	☐ DELETE	1.1 TIT	ΠE			Change	☐ Addition (
NAME	KANJI, DILIP			1.2 NA	WE				1
STREET ADDRESS	7627 COURTNEY CAMPBELL C	AUSEWAY		1.3 ST	REET ADDRESS				j
}									
			_	1.4 CD	TY-ST-ZIP				f
CITY-ST-ZIP	TAMPA FL 33607		DIFFE	-	TY-\$T-ZIP			☐ Change	Addition
TITLE	TAMPA FL 33607 D	•	DELETE	2.1 TIT	ΠE			☐ Change	Addition
TITLE NAME	TAMPA FL 33607 D VALBH, ANIL		DELETE	2.1 TIT 2.2 NA	TLE AME			☐ Change	Addition
TITLE	TAMPA FL 33607 D VALBH, ANIL 3956 W COLONIAL DR		DELETE	2.1 TIT 2.2 NA	ΠE			☐ Change	☐ Addition
TITLE NAME	TAMPA FL 33607 D VALBH, ANIL		<del>-</del>	2.1 TTT 2.2 NA 2.3 ST	TLE AME				
TITLE NAME STREET ADDRESS	TAMPA FL 33607 D VALBH, ANIL 3956 W COLONIAL DR		DELETE DELETE	2.1 TTT 2.2 NA 2.3 ST	TLE AME REET ADDRESS ITY-ST-ZIP		· _	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	TAMPA FL 33607 D VALBH, ANIL 3956 W COLONIAL DR		<del>-</del>	2.1 TTT 2.2 NA 2.3 ST 2.4 CI	TLE AME TREET ADDRESS ITY-ST-ZIP TLE		· <u>-</u>		
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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 with all other like empowered.

SIGNATURE:

4-21-99

813-287-0907.