SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporatio KISHAN		055093 (4)		
Principal Plac	e of Business	Mailing Address		A TOOLOOU THE HOLLS EALL COMIT DRIVE COLOR BRIDE WHILL COLOR BRIDE CHILD TO THE FOREIGN
116 LAKE THO	DMAS DRIVE	118 LAKE THOMAS DRIVE		
WINTER HAVEN FL 83880		WINTER HAVEN FL 33880		DO MOT WOITE IN THIS SPACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		06/27/1996 4. FE Number Applied For
21 DAY.	s Inn-	26		59318/666 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 508,	E. memorial Block			, Fee Required
City & Stat	eland A	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33 8		29 3	0	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current I	registered Agent	81 Na	10. Name and Address of New Registered Agent
	ITA, JITENDRA U		OT INC	ane
l	7 EDGEWATER CIRCLE SE		82 Str	reet Address (P.O. Box Number is Not Acceptable)
WIN	ITER HAVEN FL 33880		83	
			B4 Cit	FL 85 Zip Code
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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	PATEL, KSHAMA B		1,2 NAME	
STREET ADDRESS	534 GREENDALE DR		1.3 STREET ADDR	RESS
CITY-ST-ZIP	JANESVILLE WI 53546		1.4 CITY - ST - ZIP	
TITLE	D	∐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEHTA, JITENDRA U		2.2 NAME	
STREET ADDRESS	2127 EDGEWATER CIRCLE, SOL	ITHEAST	2.3 STREET ADDR	
CITY-ST-ZIP TITLE	WINTER HAVEN FL 33880	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	
NAME	AMIN, DILIP P	L. J OLLI IL	3.1 THLE	L. Change L. Addition
STREET ADDRESS	2540 KNOX DR		3.3 STREET ADDRE	NCC .
CITY-ST-ZIP	ROCKFORD IL 61114		3.4. CITY-ST-ZIP	
TITLE	D	DELETE	4.1 11TLE	Change Addition
NAME	PATEL, SUJATA H		4. 2 NAME	_ • -
STREET ADDRESS	116 LAKE THOMAS DR		4.3 STREET ADDRE	ESS
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CHTY - ST - ZIP	
TOLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	ESS
CITY-ST-ZIP		Deciere	5.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME Street address			6.2 NAME	
OINCE I AUUREOS			63 STREET ADDRE	1200 (

14. I do 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 logal 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.

64 CHTY-ST-ZIP

SIGNATURE:

GMARUIT BLOU

FILED Aug 20 1997 8:00am Secretary of State