PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060877

1. Corporation Name

ATUL D. NADKARNI, INC.

Principal Place of Business

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90157 019 ***150.00



2500 WINDING (CLEARWATER F	Creek Blvd., apt. H-104 L 34621		2500 WINDING CREEK BLVD., APT. H-104 CLEARWATER FL 34621								
		*					DO NOT WRIT	E IN THIS	SPACE		
	•						3. Date Incorporated or Qualifed 07/19/1996				
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Number	-	Al	oplied For	
21		26					59-3392467		N.	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apl	i. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State		City & Sta	ate	-		-	6. Election Campaign Financing		\$5,00	May Po	
23		28	28				Trust Fund Contribution Added to Fees				
Zip	— — — — — — — — — — — — — — — — — — —			Coun	try	8. This corporation owes the current year Intangible					
24				30			Personal Property Tax.				
	9. Name and Address of Cui	rrent Registered Age	nt	-	T"		10. Name and Address of New R	egistered 4	Agent		
ALABI	ADDE ATE D			1	31 Name	e					
	KARNI, ATUL D		. 82			eet Address (P.O. Box Number is Not Acceptable)					
	WINDING CREEK BLVD., AP	1. H-104	· ~					· · ·			
CLEA	ARWATER FL 34621			[-	33						
				L					Tor Tie	Codo	
				[B4 City			FL	85 Zip	Code	
office or re	egistered agent or both in the St	ate of Florida. Such cl	nange was au	thonzed	by the cor	ed corpora	ation submits this statement for the s board of directors. I hereby accept	purpose of t the appoir	changing its	s registered egistered	
agent. I a	m familiar with, and accept the ob	oligations of, Section 6	U7.U5U5, FIOR	da Statu	es.						
SIGNATURE		I dawa te liankia	MOTE:	Domintored 6	annt aigeath is	so reculred ut	hen reinstating)	DATE			
12.	Signature, typed or printed name of registered	AND DIRECTORS	(1401E.1	13.	- Source adultion	TO TOQUITOG WI	ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12	
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	nadkarni, atul d.	_		1.2 NAM							
NAME	2500 WINDING CREEK BLV	D 1104								J	
STREET ADDRESS		D., 1110 4			EET ADDRES	33					
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NAME				2.2 NAM							
STREET ADDRESS					EET ADDRES	SS]	
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NAME				4. 2 NA	ME						
STREET ADDRESS	•			4.3 STR	EET ADDRES	ss				ŀ	
CITY-ST-ZIP				4.4 CIT	/-ST-ZIP						
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NAME				6.2 NA	KE	1					
STREET ADDRESS	,			6.3 STF	EET ADDRES	ss					
CITY-ST-ZIP				6.4 CIT	/-ST-ZIP						
14. I hereby o	certify that the information supplied	d with this filing does r	not qualify for			ted in Sec	ction 119.07(3)(i), Florida Statutes.	further cer	ify that the	information	

indicated on this annual report or supplies with any does not quality for the exemption stated in Section 119.07(5)(f), Fronta Statutes. In the Cartiny late the finding indicated on this annual report or suppliemental 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.