## 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 # P96000062544 (7)

NS FOOD & GIFTS INC.

## FILED Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5522 HANLEY ROAD #105 5522 HANLEY ROAD #105 TAMPA FL 33634 **TAMPA FL 33634** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3391863 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zio Zip 8. This corporation owes or has paid the current year Intangible □ No 24 Personal Property Tax due June 30. 30 Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAJU, R.G. CPA 8910 N. DALE MABRY HWY. #38 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 85 Zip Code 11. 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. x printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SHANKAR, VIJAYA 1.2 NAME 8181 N. MEMORIAL HWY #1204 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33634** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE SHANKAR, NAGU 2.2 NAME NAME 6181 N. MEMORIAL HWY #1204 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CHITRA, SUNDARESH V 3.2 NAME NAME 6181 N. MEMORIAL HWY #1204 STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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.

12 No 12 NO 600 12 12 19