


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

FILED  
Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000067084 1. Corporation Name <b>ANNAPURNA, INC</b>					
Principal Place of Business <b>407 NE 8TH AVENUE OCALA, FL 34470</b>			Mailing Address <b>239 MARION OAKS LANE OCALA, FL 34473</b>		
2. Principal Place of Business 21 <b>407 NE 8TH AVENUE</b> Suite, Apt. #, etc. 22 City & State 23 <b>OCALA FL</b> Zip 24 <b>34470</b>		2a. Mailing Address 26 <b>239 MARION OAKS LANE</b> Suite, Apt. #, etc. 27 City & State 28 <b>OCALA, FL</b> Zip 25 <b>MARION</b> Country 29 <b>USA</b>		3. Date Incorporated or Qualified <b>8.5.96</b> 3a. Date of Last Report <b>N/A</b> 4. FEI Number <b>59-3455557</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name <b>DEVESH V PATEL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>239 MARION OAKS LANE</b> 83 84 City <b>OCALA</b> FL 85 Zip Code <b>34473</b>		
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. SIGNATURE <i>[Signature]</i> <b>Vice President</b> <b>7.16.97</b> Signature, type or print name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PRESIDENT</b> DELETE NAME <b>BHARAT PATEL</b> STREET ADDRESS CITY-ST-ZIP <b>OCALA FL 34473</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>VICE President</b> <input type="checkbox"/> DELETE NAME <b>DEVESH PATEL</b> STREET ADDRESS <b>239, MARION OAK'S LN</b> CITY-ST-ZIP <b>OCALA FL. 34473</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 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: *[Signature]* **DEVESH V PATEL** **7.16.97** **352 401 9355**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)