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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067084 (9)

ANNAPURNA, INCORPORATED

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 407 NE BTH AVE 239 MARION OAKS LANE OCALA FL 34470 OCALA FL 34473 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 59-3455557 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 6. Election Campaign Financing Г 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PATEL, DEVESH V 239 MARION OAKS LANE Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34473 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition TITLE 1.1 TITLE PATEL BHARAT NAME PATEL, BHARAT 1.2 NAME 239 MARION OAKS LAHE STREET ADDRESS 3569 S.W. 158TH LANE 1.3 STREET ADDRESS OCAHA F. 4 . 34473 **OCALA FL 34473** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE STD 2.1 TITLE Change ___ Addition NAME PATEL, DEVESH 2.2 NAME 239 MARION OAKS LANE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 34473 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITL€ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP TITLE DELETE **5.1 TITLE** Change Addition NAME 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 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). Fiorida 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:

WOOD (COEVESH PATEL)

7/10/98

401.9355