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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067132 (6)

1. Corporation Name

INDUS PAVILION, INC.

Principal Place of Business

1600 W EAU GALLIE BLVD. SUITE 103  
MELBOURNE FL 32935

Mailing Address

1600 W EAU GALLIE BLVD. SUITE 103  
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

65-0691157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2290 W EAU GALLIE BLVD

Suite, Apt. #, etc.

22 200

City & State

23 Melbourne FL

Zip

24 32935

Country

25 US

2a. Mailing Address

26 2290 W EAU GALLIE BLVD

Suite, Apt. #, etc.

27 200

City & State

28 Melbourne FL

Zip

29 32935

Country

30 US

9. Name and Address of Current Registered Agent

NICHOLAS, JAMES M  
1815 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GADODIA, GOPAL  
STREET ADDRESS 1600 W EAU GALLIE BLVD, SUITE 103  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE VSTD ☐ DELETE

NAME DESAI, SHASHIN R  
STREET ADDRESS 1600 W EAU GALLIE BLVD, SUITE 103  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☐ Change ☐ Addition

1.2 NAME Same

1.3 STREET ADDRESS 2290 W EAU GALLIE BLVD STE 200

1.4 CITY-ST-ZIP SAME

2.1 TITLE Same ☐ Change ☐ Addition

2.2 NAME SAME

2.3 STREET ADDRESS 2290 W EAU GALLIE BLVD STE 200

2.4 CITY-ST-ZIP SAME

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E08 (10/97)