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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 P96 000067372 **DOCUMENT #**

COTP. Milieu

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90071 001 ***150.00

| | | | | _ | | | | |
|---|--|-----------------------|-------------------------|--|-------------------|--------------------------------|-----------------------------|--|
| Principal Place of Business (Mailing Address Q o box 710 | | | | | | | | |
| 9505 Eddings Road olds Odessa, F1. 33556 | | | Box 720 smar, Fl. | DO NOT WRITE IN THIS SPACE | | | | |
| Odessa, F1. 33556/ 34677 | | | | 3. Date Incorporated or Qualifed | | | - | |
| 2. Principal Place of Business 2a. Mailing Address 26 9 50 5 | | Eddings Rd | | 4. FEI Number 59 - 33941 | Number 59-3394147 | | oplied For ot Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | | Additional equired | |
| Gity & State | 28 Odessa | Odessa, Fl. | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| Zip Country 24 25 | | Cour 30 | SA | This corporation owes the curr Personal Property Tax. | ent year Inta | angible Yes | ⊡No | |
| 9. Name and Address of Curre | | | 24 | 10. Name and Address of New F | Registered A | Agent | | |
| PATEL, CHETAN | | | 81) Name | | | | | |
| 15639 Indian Oleven dr | | L | | ss (P.O. Box Number is Not Accepta | able) | | | |
| 0 dessa, F1 33516 | | | 83 | | | | | |
| O Gesse (41 3 33)~ | | | 84 City | | FL | 85 Zip | Code | |
| Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. | of Florida. Such change was aut | lhorized I | by the corporation | | | | | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered age | | | gent signature required | | DATE | | | |
| 12. OFFICERS AI | OFFICERS AND DIRECTORS 13 | | <u> </u> | ADDITIONS/CHANGES TO OF | FICERS AN | ☐ Change | TAddition | |
| | α_{i} α_{i} α_{i} α_{i} α_{i} α_{i} α_{i} α_{i} α_{i} | | | | | Change | [] Addition | |
| STREET ADDRESS GOOF Eddings Road | | | EET ADDRESS | | | | | |
| 7303 - 44113 | | 1 | -ST-ZIP | | | | | |
| TITLE V | DELETE | | E ~ 30 | | | ☐ Change | Addition | |
| NAME PATEL, CHET | PATEL, CHETAN 15639 Indian Ocean Dr 22N 238 | | ie | | | | _ | |
| STREET ADDRESS 15839 Endian | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP Ddessq F1. | | | Y-ST-ZIP | | | | | |
| TITLE DELETE 3.17 | | 3.1 TITL | E | | | Change | Addition | |
| NAME PATEL MUKE | DRESS 11818 Sweet lea CT Tampa, Fl. | | E | | | | | |
| STREET ADDRESS 11818 SWeet | 11818 Sweet Pea CT 335 | | EET ADDRESS | | | | | |
| CITY-ST-ZIP Tampa, FI | | 3.4. CIT | r-ST-ZIP | | - | | | |
| IIILE | ☐ DELETE | 4.1 TTTL | · | | | ☐ Change | ☐ Addition | |
| NAME | | 4. 2 NAN | | | | | | |
| STREET ADDRESS | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | ☐ DELETE | 4.4 CITY 5.1 TITLE | | | | Change | ☐ Addition | |
| | C) bergie | 5.1 IIILI 5.2 NAM | | | | □ cuaride | | |
| NAME STREET ANDRESS! | | | EET ADDRESS | | | | ļ | |
| STREET ADDRESS | | 5.4 CITY | | | | | | |
| CITY-ST-ZIP | ☐ DELETE | 6.1 TITU | | <u> </u> | | Change | Addition | |
| NAME | | 6.2 NAM | | | | الماسية ال | | |
| STREET ADDRESS | | | EET ADDRESS | | | | | |
| | | 6.4 CITY | | | | | Ì | |
| CITY-ST-ZIP 14. I hereby certify that the information supplied w | ith this filing does not qualify for th | | | otion 140 07/2/i) Florida Ctabulas I | F 11 | | | |

indicated on this annual report or supplied with this limits does not quality for the employer stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99

II File