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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000077310**1. Corporation Name

Principal Place of Business

MAHUDI CORPORATION

744 S. HIGHLANDS ÁVE. AVON PARK FL 33825		744 S. HIGHLANDS AVE AVON PARK FL 33825	744 S. Highlands ave. Avon Park FL 33825			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/17/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	L	<u> </u>	lied For
21	·	26				65-0693992	i		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			ditional
22	• •	27				or contraste of clarate occurred	F	ee Rec	uired
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 N dded to	,
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year	Intangible		
24	25	29	30			Personal Property Tax.	☐ Ye		□No
<u> </u>	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registere	ed Agent		_, ,
				81	Name				
	EL, HASMUKH M			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	s. Highlands ave.			-	Oll Oct Flagor	obb (r.o. box reamber to recombinate)			
AVON	N PARK FL 33825			83					
				84	City	F	. 85	Zip C	ode
	•					-	_ ,		l-td
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ot	tate of Florida. Such change wa	s authorized	d by th	named corpo e corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment	as reg	stered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (N	OTE: Registered	d Agent s	signature required	d when reinstating) DATE			
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTO	RS IN 12.
TITLE	D	☐ DELETE	1.1 TF	ITLE			c	nange	☐ Addition
NAME	PATEL, HASMUKH M		1.2 N/	AME					
STREET ADDRESS	1702 1/2 HIGHWAY 92 WE			TREET A	DDRESS				ļ
52525		ST	1.3 \$1						
CDV_ST_7IP	AUBURNDALE FL 33823	ST			ZIP				
CITY-ST-ZIP	AUBURNDALE FL 33823	ST		TY-\$T-2	ZIP		☐ CI	nange	☐ Addition
TITLE	D		1.4 CF	ITY-\$T-Z	ZIP		□cı	nange	☐ Addition
TITLE NAME	D PATEL, KAPILA H	☐ DELETE	1.4 CF 2.1 TF 2.2 NA	ITY-\$T-Z ITLE IAME			□ cı	nange	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90113 019 ***150.00

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