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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation	Name	# P96000	JU11885 (1)					
NIKHIL,	INC.							
						#		
Principal Plac	e of Busines		Mailing Address			,		
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						·		
598 AVE "J" SE WINTERHAVE FL 33880			598 AVE "J" SE WINTER HAVEN FL 33880					
US			US			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal P	lace of Busin	ness	2a. Mailing Address			09/19/1996 4. FEI Number	Applied For	
21			26			58-3404688	Not Applicable	e
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State			City & State			Fee Required	_	
23			28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip		Country	Zip	Country		8. This corporation owes or has paid the c		ᆌ
24	25		29 30		Personal Property Tax due June 30. Yes No		╝	
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent								\exists
		HANKUMAR R		81	Name			
3021 SAINT PAUL DRIVE WINTER HAVEN FL 33880				62	Street Add	dress (P.O. Box Number is Not Acceptable)		\neg
] VV II	NIEK HAVE	:N FL 3388U		83				┨
				64	City		85 Zip Code	4
						FI	L 1 1 1 1 1 1 1 1 1	
11, Pursuant office or r	to the provis	ions of Sections 607.0502 jent, or both, in the State	2 and 607,1508, Florida Sta tut of Florida, Such change was	es, the above authorized by	e-named control the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered	1
agent. La	ım familiar w	th, and accept the obliga	tions of Section 607.0505, Fl	orida Statutes	3.			
SIGNATURE	Signature, typed	ox printed name of registered agen	and title if applicable (NOT	E: Registered Age	nt signature requ	uired when reinstating) DATE		-
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSD		DELETE	1.1 TITLE			Change Addition	1
NAME	PATEL, SHOBHANKUMAR R			. 1.2 NAME				
STREET ADDRESS		UNT PAUL DRIVE		1.3 STREET	L.			ļ
CITY-ST-ZIP TITLE	WINTER HAVEN FL 33880 VTD		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition	\dashv
NAME	PATEL, SUSMABEN S		otterit	2.2 NAME			C circugo C Acontrol	1
STREET ADDRESS	3021 SAINT PAUL DRIVE			2.3 STREET ADDRESS		,×.,		ı
CITY-ST-ZIP	WINTER HAVEN FL 33880			2. 4 CITY - ST - ZIP				
TITLE			3.1 TITLE			Change Addition	╗	
NAME				3.2 NAME				1
STREET ADDRESS				3.3 STREET	ADDRESS			J
CITY-ST-ZIP				3.4. CITY-S	T-ZŧP			
TITLE	☐ DELETI		☐ DELETE	4.1 TITLE			Change Addition	١
NAME				4. 2 NAME				ļ
STREET ADDRESS				4.3 STREET	ADDRESS			ı
CITY-ST-ZIP	L		DELETE	4.4 CITY - S	T-ZIP		Ohanna I Azaro	4
TITLE			DELETE	5.1 TITLE			Change Addition	'
NAME .				5.2 NAME	4000500			-
STREET ADDRESS				5.3 STREET				-
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-ST	1 - ZIP		Change Addition	\dashv
NAME				6.2 NAME			T Amenga T Madition	1
STREET ADDRESS			6.3 STREET	ADORESS				
								- 1

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.

SIGNATURE:

2/28/98

941-294-4578

FILED

Mar 04 1998 8:00am

Secretary of State