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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State SION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90198 042 ***150.00

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CUMENT #	P960000787	42

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Principal Place	e of Business	Mailing Address		- E 100 tiddbi iid idiid dibii ddiii ddiii ddiii ddiii ddiii	10111 10011 DIELO 1101 1201
	•	12112 N. 56TH STREET			
12112 N. 56TH STREET 12112 N. 56TH STREET TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617					
	.02 .2 000.1			DO NOT WRITE IN THIS SPA	ACE
				3. Date Incorporated or Qualifed	
				09/20/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3435995	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangil	ble
24	25	29	30		Yes □No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Age	nt
	EL QUEENLE B		81 Name		
	EL, SURESH B		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	12 N. 56TH STREET				
TEM	PLE TERRACE FL 33617		83	,	
{			84 City		5 Zip Code
				F <u>L</u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	es, the above-named corp	oration submits this statement for the purpose of char	nging its registered
office or r	registered agent, or both, in the State	of Florida Such change was a	uthorized by the corporation	on's board of directors, i hereby accept the appointme	eni as registereu
		MANS AK SMCIION DU7.USUS. MIDI	nda Statutes.		j.
ι.	im familiar with, and accept the billion	mons of Spellon 607,0505, Flor	nda Statutes.	oration submits this statement for the purpose of Grain on's board of directors. I hereby accept the appointment	19
SIGNATURE	Signature, typed or printed parts of registered age	Ta Y	rida Statutes. : Registered Agent signature required	4-13-	19
ι.	Signature, typed or printed parts of registered ager	Ta Y		d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
SIGNATURE	Signature, typed or printed parts of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	1-)
SIGNATURE	Signature, typed or printed parts of registered oper OFFICERS AN	nt and title if applicable. (NOTE	Registered Agent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed parts of registered oper OFFICERS AN VSD PATEL, VISHNU G	nt and title if applicable. (NOTE	Registered Agent signature required 13. 1.1 TITLE	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
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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.

SIGNATURE:

