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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000083507 (9)**

1. Corporation Name
MIKE BHOLA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6239 EDGEWATER DR. SUITE D-1 ORLANDO FL 32810	6239 EDGEWATER DR. SUITE D-1 ORLANDO FL 32810-4747

3. Date Incorporated or Qualified: 10/07/1996
3a. Date of Last Report:

2. Principal Place of Business
21 7600 Southland Blvd.
Suite, Apt. #, etc.
22 Suite 100-985
City & State
23 Orlando, Florida
Zip 24 32809 Country 25 USA

2a. Mailing Address
26 P.O.Box 593233
Suite, Apt. #, etc.
27
City & State
28 Orlando, Florida
Zip 29 32859 Country 30 USA

4. FEI Number: 59-3405702 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BHOLA, JITENDRA
6239 EDGEWATER DR.
SUITE D-1
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name: Jitendra Bhola
82 Street Address (P.O. Box Number is Not Acceptable): 2459 Shelby Circle
83
84 City: Kissimmee FL 85 Zip Code: 34743

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: Jitendra Bhola. 02-07-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BHOLA, JITENDRA 2459 SHELBY CIRCLE KISSIMMEE FL 34743 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPT Jitendra Bhola 2459 Shelby Circle Kissimmee, FL 34743 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BHOLA, MARITZA L 2459 SHELBY CIRCLE KISSIMMEE FL 34743 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVS Maritza L. Bhola 2459 Shelby Circle Kissimmee, FL 34743 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Jitendra Bhola PRESIDENT 2/7/97