## 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 P96000083998 (0)

MAHAVIR ENTERPRISES, INC.

## **FILED** Mar 04 1998 8:00am Secretary of State



							BOLE HILL IN THE F	
Principal Place of Business Mailing Address								
4800 APOPK ORLANDO FI	A VINELAND ROAD L 32819	4800 APOPKA VINELAND ROAD ORLANDO FL 32819						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
* D-!	lace of Business	On Mailing Address	•			10/08/1996 4. FEI Number		oplied For
	lace or Business	2a. Mailing Addres	<del>-</del>					ot Applicable
21 Suite Ant	# ato	Suite Apt # e	Suite, Apt. #, etc.			59-3416861		Additional
Suite, Apt. #, etc.			27			5. Certificate of Status Desired		equired
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the o	urrent year in	tangible
24	25	29	30			Personal Property Tax due June 30.		] No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
Pł	MLLIPS, R. PATRICK ESQ.			81	Name			
	O NORTH THORNTON AVE.		<u> </u>	82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
	RLANDO FL 32801							
•			[1	83				
	•		-	84	City		85 Zip	Code
					·	F		
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 Signature, typed or praintd name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	JAIN, MANOHAR H			1.1 TITLE 1.2 NAME			Change	Addition
NAME								
STREET ADORESS				REET.	address			į
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CIT	Y-\$1	r-zip			
TITLE		TE : 2.1 TITI	2.1 TITL€			Change	☐ Addition	
NAME		2.2 NAI	2.2 NAME					
STREET ADDRESS		2.3 STF	REET.	address				
CITY-ST-ZIP				ry-s	T-ZIP			
TITLE		TE 3.1 TITE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NA	ME				İ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		<b>—</b> — —	3.4. CI		T - ZIP		Char	Addition
TITLE		☐ DELE					Change	☐ Addition
NAME			4. 2 NA					
STREET ADDRESS			4.3 STF	REET .	ADDRESS			
CITY-ST-ZIP		T per	4.4 CIT		r-ZIP		Change	Addition
TITLE		DELE					Change	☐ Addition
NAME			5.2 NAI					
Street Address					address			
CITY-ST-ZIP		T port	5.4 CIT		r - ZiP		Change	Addition
TITLE		☐ DELE					change	LI AQUILIOIT
NAME			6.2 NA					
Street Address					ADDRESS			
CITY-ST-ZIP	and the that the information ourselied t	with this filing does not a	6.4 CfT			in Section 119.07(3)(i), Florida Statutes. I further	cortify that the	information

indicated on this annual report or supplies with this ming does not quality in the exemption stated in Section 119.07(5)(f), Florida Statutes, Intriner 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. 7. 25- 98