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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90099 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000087184

1. Corporation Name  
WINGATE OF ORLANDO, INC.

Principal Place of Business

4872 CYPRESS WOODS DR  
NUMBER 321  
ORLANDO FL 32811

Mailing Address

5728 MAJOR BLVD.  
#302  
ORLANDO FL 32819  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3409256

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10849 WOODCHASE CIRCLE

Suite, Apt. #, etc.

22 City & State

23 ORLANDO FL.

24 Zip

32836

Country

25 USA

2a. Mailing Address

26 10849 WOODCHASE CIRCLE

Suite, Apt. #, etc.

27 City & State

28 ORLANDO FL

Zip

32836

Country

30

9. Name and Address of Current Registered Agent

PATEL, ARVIND  
5728 MAJOR BLVD. SUITE #302  
NUMBER 321  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

PATEL ARVIND

82 Street Address (P.O. Box Number is Not Acceptable)

83 10849 WOODCHASE CIRCLE

84 City

ORLANDO

FL

85 Zip Code

32836

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME PATEL, ARVIND  
STREET ADDRESS 4872 CYPRESS WOODS DR NUMBER 321  
CITY-ST-ZIP ORLANDO FL 32811

TITLE VP ☐ DELETE  
NAME PATEL, JAY R  
STREET ADDRESS 4515 VILLAGE WOOD DR  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE  
NAME PATEL, KIRAN  
STREET ADDRESS 6700 NW 77 CT  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE  
NAME PATEL, DEPAK  
STREET ADDRESS 4872 CYPRESS WOODS DR., #321  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE  
NAME PATEL, ANIL  
STREET ADDRESS 4872 CYPRESS WOODS DR., #321  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE  
NAME PATEL, VIJAY  
STREET ADDRESS 4872 CYPRESS WOODS DR., #321  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

407 354 5850

Daytime Phone #

CR2E034 (11/98)