

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # P96000091264 (7)

1. Corporation Name

SAWHNEY HOLDINGS INC.



Principal Place of Business

1021 45TH ST. N.W. STE 2
POMPANO BEACH FL 33064

Mailing Address

7819 LANGDALE ST
NEW HYDE PARK NY 11040
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

65-0720074

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 53-27, 254th St,
Suite, Apt. #, etc. Little Neck Hills,

27 City & State

28 New York

29 Zip

11362

30 Country

USA

9. Name and Address of Current Registered Agent

SAWHNEY, NIRMAL
1021 NW 45TH ST, STE 2
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

BILL P. SAWHNEY

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

11368, N.W., 18th MANOR

83

84 City

Coral Springs

FL

85 Zip Code

33071

11. Pursuant to the provisions of sections 607.0502 and 607.1808, 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, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SAWHNEY, SANJAY
STREET ADDRESS 1021 NW 45TH ST, STE 2
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE T
NAME SAWHNEY, SCHIN
STREET ADDRESS 1021 NW 45TH ST, STE 2
CITY-ST-ZIP POMPANO BEACH FL

☒ DELETE

TITLE D
NAME PAWKAS, SAWANEY
STREET ADDRESS 7819 LANGDALE ST
CITY-ST-ZIP NEW HYDE PARK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME SAWHNEY SANJAY
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE TREASURER
2.2 NAME SAWHNEY SACHIN
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE NIRMAL SAWHNEY
3.2 NAME DIRECTOR
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

[Signature]

8/3/98

800-501-2586

CR2E034 (5/98)