FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097783 (0)

FILED Mar 24 1998 8:00am Secretary of State

RIDDHI	, INC.	, ,			
)	
B / V I Blo .		NA-11 Andal			
Principal Place of Business Mailing Address					
809 N. CITRUS AVE. 809 N. CITRUS AVE. CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428					
Sitt Office the				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
	Carallo alara	Mar Marillan Address		12/04/1996	14
	ace of Business	2a. Mailing Address		4. FEI Number 59-3413417	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25		<u>30 </u>	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
PAIEL, MENUL				ANKAJ A PATEL	
759 HOUSE WREN CIR PALM HARBOR FL 34683				ress (P.O. Box Number is Not Acceptable) F. LEON LOOP	
FAI	M HANDUN FL 34003		83	E. LEUN ZUUP	
					7-7 - 0 4
			B4 City	FL	85 Zip Code 32/4/42
10 c compress the state of the					
11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida statutes, the above-hamed 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 scept the ophigations of, Section 607.0505, Florida Statutes.					
SIGNATURE	アカナノスカス	(,		3/19/92	3
	Signature, typed or printed name of registered agent		Registered Agent signature requ		DIDECTORO IL 40
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	PATEL, MEHUL	PA OCCCIO		ANKAT A PATEL	E CHANGE E MARKET
STREET ADDRESS	759 HOUSE WREN CIRCLE		1.3 STREET ADDRESS	S E. LEON LOOP	
CITY-ST-ZIP	PALM HARBOR FL 34683			ERNANDO FL34442	
TITLE	Trum Institute of the order	DELETE	21 TITLE V	P	☐ Change ▲ Addition
NAME			2.2 NAME 1/	EEPA D PATEL	
STREET ADDRESS			2.3 STREET ADDRESS 2	ITE. LEON LOOP	
CITY-ST-ZIP				ERNANDO FL 34442	
TITLE		DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- Devere	3.4. CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		DELETE	4.1 TITLE		Li change Li Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied with	n this filling does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further ce	rtify that the information

indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Further certify 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 attackment with an address

3/19/98