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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000098320 (0)

RADHA ENTERPRISES INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|-----------|-------|----|----------|

Mailing Address

## **FILED** May 02 1997 8:00am Secretary of State



| 4183 TAMIAMI TRAIL<br>VENICE FL |                             |                         |                | 4183 TAMIAMI TRAIL<br>VENICE FL 34293-5112                   |                  |           |                              |  |                       |             |                           |                             |
|---------------------------------|-----------------------------|-------------------------|----------------|--|------------------|-----------|------------------------------|--|-----------------------|-------------|---------------------------|-----------------------------|
|                                 |                             |                         |                |  |                  |           |                              | 3. Date incorporated or Qu<br>12/02/1996                           | ualified              | 3a. Dat     | e of Last R               | leport                      |
| 2. Principal P                  | Place of Business           |                         | 2a. M          | ailing Address   | ******           |           |                              | 4. FEI Number  |                       |             | T Ar                      | oplied For                  |
| 21                              |                             |                         |                |  |                  |           |                              | 65-07  | 166                   | 57          | No                        | ot Applicable               |
| Suite, Apt.                     | #, etc.                     |                         | Sı             | iite, Apt. #, etc.   |                  |           |                              | - Contract of Challes Dec  |                       | П           | \$8.75                    | Additional                  |
| 22                              |                             |                         |                | 27   |                  |           | 5. Certificate of Status Des | area   | ш                     | Fee Re      | equired                   |                             |
| City & Stat                     | te                          |                         | Ci             | ity & State  |                  |           |                              | 6. Election Campaign Fina  | ncing                 |             | \$5.00                    | May Be                      |
| 23                              |                             |                         | 28             |  |                  |           |                              | Trust Fund Contribution  |                       |             | Added                     | to Fees                     |
| ZIP                             |                             | Country                 | 7i             | q  | <u></u> ⊢-¬      | ıntry     |                              | 8. This corporation has lial                                       |                       |             |                           | . 199.032,                  |
| 24                              | 25                          |                         | 29             |  | 30               |           |                              | Florida Statutes   |                       | Yes 6       |                           |                             |
| ·                               |                             | Address of Cur          | rent Register  | ed Agent   |                  | 541       | h)                           | 10. Name and Address of  | New Re                | gistered A  | gent                      |                             |
|                                 | EL, <b>DILI</b> P D         |                         |                |  |                  | 81        | Name                         |  |                       |             |                           |                             |
|                                 | TAMIAMI TRAI                | L                       |                |  |                  | 82        | Street Add                   | dress (P.O. Box Number is Not A                                    | cceptab               | ole)        |                           |                             |
| VENI                            | ICE FL                      |                         |                |  |                  | 20        |                              | · · · · · · · · · · · · · · · · · · ·                              |                       |             |                           |                             |
|                                 |                             |                         |                |  |                  | 63        |                              |  |                       |             |                           |                             |
|                                 |                             |                         |                |  |                  | 84        | City                         |  |                       | FL          | <b>85</b> Zip             | Code                        |
| office or r                     | registered agent            | or both, in the St      | ate of Florida | 1508, Florida Statu<br>Such change was<br>ection 607.0505, F | : authorize      | d hv      | the corpore                  | poration submits this statement ation's board of directors. I here | for the p<br>by accep | urpose of o | changing it<br>intment as | ts registered<br>registered |
| SIGNATURE                       |                             |                         |                |  |                  |           |                              |  |                       |             |                           |                             |
|                                 | Signature, typed or pri     | nted name of registered |                |  |                  | d Ager    | it signature requ            | uired when reinstating)  |                       | DATE        |                           |                             |
| 12.                             | TK                          | OFFICERS                | AND DIRECTO    | DRS DELFTE   | 18.              |           |                              | ADDITIONS/CHANGES T  | O OFFIC               |             | DIRECTOR<br>Change        | RS IN 12                    |
| TITLE                           | DATEL NUB                   | <b>n</b>                |                | L_J DELFTE   | 1. Î TI          |           |                              |  |                       | ι           | Unange                    | Adoition                    |
| NAME                            | PATEL, DILIP<br>4193 TAMIAM |                         |                |  | 1.2 N            |           |                              |  |                       |             |                           |                             |
| STREET ADDRESS                  | VENICE FL                   | ITMAIL                  |                |  |                  |           | ADDRESS                      |  |                       |             |                           |                             |
| CITY-ST-ZIP<br>TITLE            | D D                         |                         |                | ☐ DELETE   |                  | ITY - \$1 | -7IP                         |  |                       |             | Change                    | Addition                    |
|                                 | PATEL, HARS                 | UIVA D                  |                | בן טננונונ   | 2 ( 1)           |           |                              |  |                       | ·           | Change                    | TT MODITION                 |
| NAME                            | 4193 TAMIAM                 |                         |                |  | 2 2 N            |           |                              |  |                       |             |                           |                             |
| STREET ADDRESS                  | VENICE FL                   | ITAIL                   |                |  | 1                |           | ADDRESS                      |  |                       |             |                           |                             |
| CITY-ST-ZIP                     | VENIOE PL                   |                         |                | DELETE   |                  | ITY-S     | T-ZiP                        |  |                       | <del></del> | Change                    | Addition                    |
| TITLE                           | 1                           |                         |                | □ DECEDE   | 3 1 11           |           |                              |  |                       | L           | T Citarific               | LT Aboutou                  |
| NAME                            |                             |                         |                |  | 3.2 N            |           |                              |  |                       |             |                           |                             |
| STREET ADDRESS                  |                             |                         |                |  |                  |           | ADDRESS                      |  |                       |             |                           |                             |
| CITY-ST-ZIP                     | <del> </del> -              |                         |                | DELETE   |                  | HTY-S     | 1 - Z(P                      |  |                       |             | Change                    | Addition                    |
| TITLE                           |                             |                         |                | L_J ULLETE   | 4.1 TI           |           |                              |  |                       | •           | "" O. Krilife             | I'' VOORION                 |
| NAME                            | 1                           |                         |                |  | 4. 2 N           |           |                              |  |                       |             |                           |                             |
| STREET ADORESS                  | 1                           |                         |                |  | •                |           | ADDRESS                      |  |                       |             |                           |                             |
| CITY-ST-ZIP<br>TITLE            | <b></b>                     | <del></del>             |                | DELETE   | 4.4 Cl<br>5.1 Ti | ITY - S1  | - ZIP                        |  |                       |             | Change                    | Addition                    |
|                                 |                             |                         |                | L Detell   |                  |           |                              |  |                       | '           | Unange                    | I WORROOM                   |
| NAME                            |                             |                         |                |  | 5.2 N            |           |                              |  |                       |             |                           |                             |
| STREET ADDRESS                  | Į.                          |                         |                |  |                  |           | ADDRESS                      |  |                       |             |                           |                             |
| CITY-ST-ZIP                     | <del> </del>                |                         |                | DELETE   |                  | ITY-SI    | I - ZIP                      |  | ·                     | ·····       | Change                    | Addition.                   |
| TITLE                           |                             |                         |                | ☐ DELETE   | 6.1 TI           |           |                              |  |                       | ı           | Change                    | Addition                    |
| NAME                            | 1                           |                         |                |  | 6.2 N            |           |                              |  |                       |             |                           |                             |
| STREET ADDRESS                  |                             |                         |                |  |                  |           | ADDRESS                      |  |                       |             |                           |                             |
| CITY-ST-ZIP                     | L                           |                         |                |  | 6.4 C            | TY-S1     | · ZIP                        |  |                       |             |                           |                             |

14. I do hereby certify that the information supplied with this filing does not quality 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.