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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101991 (3)

VARDHMAN CORPORATION

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



Principal Place of Business 710-7 PONDELLA ROAD 710-7 PONDELLA ROAD NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/17/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0724096 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country urrent year Intangible 8. This corporation owes or has paid the 24 25 29 Personal Property Tax due June 30 □ No 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MEHTA, DHIRENDRA V 710-7 PONDELLA ROAD B2 Street Address (P.O. Box Number is Not Acceptable) **NORTH FORT MYERS FL 33903** 83 8 Zip Code 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 Horida. 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIST TITLE DELETE 1 1 TITLE Change Addition MÉHTIA, DHIRENDRA V NAME 1.2 NAME STREET ADORESS 710-7 PONDELLA ROAD 1.3 STREET ADDRESS **NORTH FORT MYERS FL 33903** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Change 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP DELFTE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TIRE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 the stock on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attact with an address

CIGNATURE:

NEHTA

v 2-1898

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