

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000103650 (3)

1. Corporation Name

LAKSHMI INVESTMENTS INC.

Principal Place of Business
15816 HAMPTON VILLAGE DR.
TAMPA FL 33618

Mailing Address
15816 HAMPTON VILLAGE DR.
TAMPA FL 33618-1654



3. Date Incorporated or Qualified
12/23/1996

3a. Date of Last Report

4. FEI Number

59-3414716

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANKALIKAR, SATISH
15816 HAMPTON VILLAGE DR.
TAMPA FL 33618

81 Name

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

83

84 City

FL 85 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NIRGUDKAR, ANIL G	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANKALIKAR, SATISH P	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRTIKAR, UDAY A	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KULKARNI, SAMEER M	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FU, EUGENE F	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RATTEHALLI, N M	
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	
CITY - ST - ZIP	TAMPA FL 33618	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ANIL NIRGUDKAR)

04.02.97

Date

813-265-0350

Daytime Phone # 0007511

CR2E034 (9/96)