SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000103650 1. Corporation Name

LAKSHMI INVESTMENTS INC.

FILED Aug 31, 1999 8:00 am Secretary of State

08-31-1999 90001 022 ***550.00

Principal Place	e of Business	Mailing Address		
15816 HAMPTI	ON VILLAGE DR.	15816 HAMPTON VILLAGE DR.		
TAMPA FL 336	618	TAMPA FL 33618		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				12/23/1996
2. Principal P	lace of Business	2a. Mailing Address TRIPL	E JUH	Applied For
21 380	TRIPLE JUMP ST		ומטנ בי	39 04 147 10
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 YAL	RICO, FL33	27 VALRICO.		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	-	6. Election Campaign Financing \$5.00 May Be
23		28 FL.		Trust Fund Contribution
Zip	Country	Zip Co	untry	8. This corporation owes the current year
₂₄ 339	594 25 Hillsborough	29 133594 30 °C	He'lls boyel	Intangible Personal Property. Yes No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent
81 Na			81 Name	AJAY S. JAMBHEKAR
ANKALIKAR, SAŢISH 10 23 68 938 192			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
15816 HAMPTON VILLAGE DR,				307 TRIPLE JUMP STREET
TAMPA FL 33618			83	307 617 == 30711 3-1-42.
	- 355 G 25 G 26 G 26 G			
	A STATE OF THE THE STATE OF		84 City	ALRICO FL 85 Zip Code 4 -
At Demonstration of postions COZ 0502 and COZ 1509. Elected Statutes, the physic parted 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, action 607.0505, Florida Statutes. 8/26/99				
agent. I am familiar with add 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 DATE				
12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		TITLE	
NAME	NIRGUDKAR, ANIL G	L PLLETE	NAME	AJAY S. JANBHEKAK
	15816 HAMPTON VILLAGE DR.	B	STREET ADDRESS	SOAT TRIPLE TUMP ST.
STREET ADDRESS				VALKIO, FL 33594 - 8453
CITY-ST-ZIP	TAMPA FL 33618	F-1	CITY-ST-ZIP	
TITLE	D	Properties and a second	TITLE	Change Addition
NAME	ANKALIKAR, SATISH P		NAME	R.G. RAJU
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	- 2.3 \$	STREET ADDRESS	3807 TRIPLE JUMP ST.
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP	VALRICO, FL 33594 - 8453
TITLE	D .	DELETE 3.11	TITLE	□ Change □ Addition
NAME	KIRTIKAR; UDAY A	3.2 h	NAME	DR. YIJAY FERRIS
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	3.3 S		RROT TRIPLE TUMP ST.
CITY-ST-ZIP	TAMPA FL 33618	3.4 0		VALRICO FL 33594 - 8453
TITLE	D	DELETE 4.17	TITLE	Change Addition
NAME	KULKARNI, SAMEER M	— ·	NAME	DR. BHUPINDER PARASHAR
STREET ADDRESS	15816 HAMPTON VILLAGE DR.			3807 TRIPLE JUHP ST.
CITY-ST-ZIP	TAMPA FL 33618	B ***	CITY-ST-ZIP	VALRICO, FL 33594- 8453
TITLE	D		TITLE	
	"			
NAME	FU, EUGENE F			ADI KHORSANDIAN
STREET ADDRESS	15816 HAMPTON VILLAGE DR.	■ 539	STREET ADDRESS	COAM -AAALB -AIIU MIL.
ATT / AT 715				3807 TRIPLE JUHP ST.
CITY-ST-ZIP	TAMPA FL 33618	5.40	CITY-ST-ZIP	VALRICO, FL 33594 - 8423
TITLE 173	TAMPA FL 33618	5.4.0 DELETE 6.11	CITY-ST-ZIP \\ TITLE	VALRICO, FL 3359Y - 8 423 Change Addition
	TAMPA FL 33618	5.4.0 DELETE 6.11	CITY-ST-ZIP \\ TITLE	VALRICO, FL 33594 - 8423

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TAMPA FL 33618

<u> 33594</u>

CR2E034 (5/99)