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

· PROFIT: 起码 **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000001051**1. Corporation Name

BENGAL ENTERPRISES, INC.

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90034 033 \*\*\*150.00



Principal Place of Business Mailing Address						t ing ting that court about about one	// <b></b>	18187 HELT WEITH	Tulat 1161 1861
1464 LEE BLVD 1464 LEE BLVD									
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936						DO NOT WRITE IN THIS SPACE			
•							E IN IHIS	SPACE	
						3. Date Incorporated or Qualifed 01/06/1997		,	
2. Principal Pl	ace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number		Apr	plied For
21		26				65-0719036		<del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Rec	
City & State	•	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	25 29 30		Personal Property Tax.		☐ Yes ☐ No			
<u></u>	9. Name and Address of Current	Registered Agent		Ĺ,		10. Name and Address of New R	egistered	Agent	
				81	Name				
RAHMAN, HAMIDUR MD 1220 ARCHDALE STREET				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	GH ACRES FL 33936								
				84	City			85 Zip C	ode
<u> </u>							<u> </u>		
office or re agent. I a	egistered agent, or both, in the State of manillar with, and accept the obligat	of Florida. Such chang	ie was authorized	ו עם ו	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	t the appoi	ntment as reg	jistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					t signature requir	ed when reinstating)	DATE		
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE	DP	☐ DE	LETE 1.1 π	ΠE				Change	☐ Addition
NAME	ISLAM, MONIRUL		1.2 N	ME	·				
STREET ADDRESS	1464 LEE BLVD		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL 33936			TY-ST	r-zip				
TITLE	DVP	☐ DE	LETÉ 2.1 TI	πE		***		Change	☐ Addition
NAME	RAHMAN, HAMIDUR MD		2.2 N/	ME					{
STREET ADDRESS	1464 LEE BLVD		2.3 \$1	REET	ADDRESS	•			
CITY-ST-ZIP			ITY-S	T-ZIP.					
TITLE		DELETE 3.1T		πE				☐ Change	☐ Addition
NAME	•		3.2 N	ME					
STREET ADDRESS			3.3 \$1	REET	ADDRESS				1
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				ļ
TITLE	• .	□ DE						☐ Change	Addition
NAME			4.2N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				,
C/TY-ST-ZIP	•		4.4 CI						
TITLE	1	□ DE						☐ Change	☐ Addition
NAME	•		5.2 N		ļ	•	•		
STREET ADDRESS			5.3 \$1	REET	ADDRESS		-		
CITY-ST-ZIP				7Y-S1					
TITLE		☐ DE						Change	☐ Addition
NAME			6.2 N	ME					
STREET ADDRESS	•				TADORESS				
- 1	**			TY-S1					-
CITY-ST-ZIP			-/						

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 attach post twith an address, with all other like empowered.

SIGNATURE: \_