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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF ATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021473 (8)

REPAL VENTURE, INC.

Principal Place of Business

Mailing Address

## FILED May 27 1998 8:00am Secretary of State



3312 LITHIA PINECREST ROAD 3312 LITHIA PINECREST ROAD VALRICO FL 33594 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 080827 3312 LITHIA 3312 LITHIA PINECREST 26 INECREST Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 8. Election Campaign Financing \$5.00 May Be VALRICO FC VALRICO 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA U.S.A Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROBERTS, RICHARD A 101 EAST KENNEDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 2125 83 **TAMPA FL 33602** 84 City Zip Code 85 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 (NOTE Registered Agnot signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PRESIDENT LTITLE ONLY Change TITLE 1.1 Title NAME PATEL, PRATIV 1.2 NAME 3312 LITHIA PINECREST ROAD STREET ADDRESS 1.3 STREET ADDRESS FL. 33594 BRANDON, VALRICO FL 33594 CITY-ST-ZIP 1.4 CHTY - ST - ZIP VICE PRESIDENT Change DELETE Addition TITLE 2.1 T(T) E REHKA BAKARANIA 127 BARRINGTON DR NAME 2.2 NAME DR STREET ADDRESS 23 STREET ADDRESS 33511 BRAHDON 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 31 TIFLE SECRETARY Change TITLE NABAKARANII BARR INGTON NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 33594 BRANDON CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TREASURER Change Addition 4.1 TITLE TITLE JOCELYN PATEL 4 2 NAME NAME OT 815 BREEN WOOD STREET ADDRESS 4.3 STREET ADDRESS 33*511* 4.4 CITY-SI-ZIP CITY-ST-ZIP BRANDAN DELETE Change Addition TITLE 5.1 Till E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 cooperation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block is if observed, or are an attrictment with an article of the cooperation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block is observed.