

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

98 FEB 10 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022310 (1)

1. Corporation Name

SRI GANESH, INC.

Principal Place of Business

2900 NORTH A1A HIGHWAY  
INDIALANTIC FL 32903

Mailing Address

2900 NORTH A1A HIGHWAY  
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-348 0416

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

PATIDAR, DIPAK K  
2900 NORTH A1A HIGHWAY  
INDIALANTIC FL 32903

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  
NAME PITIDAR, DIPAK K  
STREET ADDRESS 2900 NORTH A1A HIGHWAY  
CITY-ST-ZIP INDIALANTIC FL 32903

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME PATEL, BHARAT M  
STREET ADDRESS 271 LAKE SHORE DR.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME PATEL, VIJAY K  
STREET ADDRESS 1520 HEATHER LANE  
CITY-ST-ZIP DES PLAINES IL 60018

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME PATEL, ARVIND K  
STREET ADDRESS 1600 COLOUMBUS PARKWAY  
CITY-ST-ZIP OPELIKA AL 36801

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address.

SIGNATURE:

1/26/98 407 779 9994

CR2E034 (10/97)