

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023177 (3)
 1. Corporation Name
OHMKARESHWAR, INC.



Principal Place of Business 10824 HEATHER RIDGE CIR. APT. #206 ORLANDO FL 32817	Mailing Address 10824 HEATHER RIDGE CIR. APT. #206 ORLANDO FL 32817
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1997	
21 Suite, Apt. #, etc. 1963 S. Alafaya TR.	26 Suite, Apt. #, etc.	4. FEI Number 59-3456099		Applied For Not Applicable	
22 City & State Orlando, FL	27 City & State Orlando, FL 32828	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 32828	24 Country	28 Zip 32828		29 Country	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country		30 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOTHARI, JOGNESH M 10824 HEATHER RIDGE CIR. APT. #206 ORLANDO FL 32817				10. Name and Address of New Registered Agent			
B1 Name KOTHARI JIGNESH M		B2 Street Address (P.O. Box Number is Not Acceptable) 1963 S. Alafaya TR.		B3		B4 City Orlando	
				B5 State FL		B6 Zip Code 32828	

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 Jignesh Kothari - **JIGNESH KOTHARI - PRESIDENT** 4-4-98
Signature must be printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTHARI, JOGNESH	1.2 NAME	KOTHARI JIGNESH
STREET ADDRESS	10824 HEATHER RIDGE CIR. APT. #206	1.3 STREET ADDRESS	1963 S. Alafaya TR.
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jignesh Kothari - **JIGNESH KOTHARI** 4-4-98

CR2E034 (10/97)