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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90032 025 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000027557**1. Corporation Name

SHORAH INC

Principal Place of Business M	lailing Address				
19103 AVE BAYONNES 19103 AVE BAYONNES LUTZ FL 33549 LUTZ FL 33549			· ·		
			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
·			3. Date Incorporated or Qualifed		_1
			03/24/1997		
2. Principal Place of Business 2a	. Mailing Address		4. FEI Number	Applied For	
2. Fillicipal Flace of Business			59-3433660	Not Applicable	3 3
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	_	\$8.75 Additional	7
27			5. Certifcate of Status Desired	Fee Required	
City & State	City & State	-1-	6. Election Campaign Financing	\$5.00 May Be	1
28			Trust Fund Contribution	Added to Fees	_
Zip Country	Zip	Country	8. This corporation owes the current year in	ntangible	
25 29		10	Personal Property Tax.	☐ Yes ☐ No	
Name and Address of Current Regis	stered Agent		10. Name and Address of New Registered	Agent	-
A TELL MONTHLA		81 Name		<i>\$</i>	-
PATEL, KRUTIKA		82 Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
19103 AVE BAYONNES				1 100 1 10 10 10 10 10 10 10 10 10 10 10	;
LUTZ FL 33549		83		<b>经有证据</b>	1
		84 City		85 Zip Code	
				<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and	607.1508, Florida Statutes	s, the above-named con	rporation submits this statement for the purpose of tion's board of directors. I bereby accept the appo	of changing its registered	-
office or registered agent, or both, in the State of Flori agent. I am familiar with, and accept the obligations of SIGNATURE  Signature, typed or printed name of registered agent and titles.	ida. Such change was aut f, Section 607.0505, Floric a if applicable. (NOTE: R	norized by the corpora da Statutes.	red when reinstating) (12.57	munera as register ou	(86
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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 suppliemental 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 regeiver or fustee 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP