Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90044 045 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000029838

1. Corporation Name

CITY-ST-ZIP

SHREEJI INC. OF ORLANDO

						401/4 80/40 1/410 10/81 18100 1/401 1814 1881	
Principal Place of Business Mailing Address							
2614 E. COLONIAL DRIVE 2614 E. COLONIAL DRIVE						•	
SUITE 400-7		SUITE 400-7			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
ORLANDO FL 32803 US		US US	ORLANDO FL 32803		3. Date Incorporated or Qualifed		
03		00			04/02/1997		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3437534	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			a Contiferate of Status Desired	S8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes the curren	nt year Intangible	
24	25	25 29 30		Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent	
				81 Name	PANCHAL SOMA	1 6-	
CHOKSHI, DINESH				82 Street A	ddress (P.O. Box Number is Not Acceptab	ble)	
	E. COLONIAL DRIVE				2614 E-COLOMIAL	19R # 400.7	
	E 400-7		[	83			
ORL	ANDO FL 32803		}	84 City		85 Zip Code	
				84 City C	ORLANDO	FL 85 74 603	
office or r agent. I a SIGNATURE	m familiar with, and account the ob + Sanual Cind	bligations of, Section 607.0505, Fl	orida Statu	tes.	ration's board of directors. I hereby accept	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TIT	E		☐ Change ☐ Addition }	
NAME	PANCHAL, SONAL G		1.2 NA	νE		}	
STREET ADDRESS	2614 E. COLONIAL DRIVE \$	SUITE 400-7	1.3 STF	REET ADDRESS	·		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	2,1 TIT	.E	PANCHAL ROMESH 2614 E COLOMAL	☐ Change 🔼 Addition	
NAME			2,2 NA	ME	PANCHOL ROMESH	Am . 1.00 7	
STREET ADDRESS			2,3 STI	REET ADDRESS	2614 E. COLOMINE	(9) X # 4003-7	
CITY-ST-ZIP			2,4 CF	Y-ST-ZIP	ORI-AMDO- Ft- 32	( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE		☐ DELETE	3.1 TIT	Æ	<del>-</del>	☐ Change ☐ Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STI	REET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 111	Æ		☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5,1 TIT	E		☐ Change ☐ Addition	
NAME			5.2 NA	AE			
STREET ADDRESS			5.9 STI	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	6,1 TIT	Æ		Change Addition	
NAME			6.2 NA	AE			
STORET ADDRESS			6.3 STI	REET ADDRESS			

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, with all other like empowered. SIGNATURE: \_

6.4 CITY-ST-ZIP