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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000035135 (7)

NIRMIKA LIVING STONES, INC.

Principal Place of Business  1889 OLD DIXIE AVE.	Mailing Address				
VERO BEACH FL 32960	1889 OLD DIXIE AVE. VERO BEACH FL 32960				

## FILED Apr 06 1998 8:00am Secretary of State



1889 OLD DIXIE AVE. VERO BEACH FL 32960		1889 OLD DIXIE AVE. VERO BEACH FL 32960					ם סמ	NOT WRITI	F IN THIS	SPACE		
					}	3. Date li	ncorporated or				· · · · · · · · · · · · · · · · · · ·	1
	_				ŀ	04/1	16/1997					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI NI		~	. ~ 11	A	pplied For	]
21		26				b	<u>5-0</u>	7497	<u> </u>		lot Applicable	1
Suite, Apt.	#, <b>e1</b> C.	Suite, Apt. #, etc.				5. Certific	ate of Status I	Desired			Additional Required	
City & State	9	City & State	<del></del>			<b>6</b> Fl	- C			<del></del>	<del></del>	-
23		28					n Campaign F und Contribut	-			May Be I to Fees	
<b>Z</b> ip	Country	Zip	Cou	Country		8. This co	orporation owe	s or has p	aid the cu			1
24	25	29	30				al Property Ta				□ No	
	9. Name and Address of Current	Registered Agent		641 11	<del></del>	10. Name	and Address	of New Re	egistered	Agent		-
	PRPORATION SERVICE COMPAN	Y		B1 Nam	<sup>1e</sup> K	ISHO	RB.KI	APAD:	7A			
	01 HAYS STREET			82 Stre	et Addres	s (P.O. Bo)	Number is No	ot Accepta	ble)			1
1A	LLAHASSEE FL 32301-2525			83	567,	101~	TVENE	<i>E</i> ,				┨
				84 City	VGR	20 BL	FACH		FI	85 Zip	Code 2962	
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State	and 607.1508, Florida Statut	os, the a	bove-name				ent for the	purpose o			1
office or re agent. I a	egi <b>s</b> tered agent, or both, in the State ( m <b>fa</b> miliar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorize orida Sta	d by the c tutes.	orporation	i's board of	directors. I he	ereby acce	pt the app	pointment a	s registered	
SIGNATURE	Kishtt B. Less. Signature, typed or printed name of registered agen	Ma CKISHOR &	3 . KA E: Angistere	PADIA d Agent signal	) PX	When reinstating	MT		4-1-0 DATE	78		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIO	ONS/CHANGE	S TO OFFI	CERS AND	DIRECTO	RS IN 12	(10/97)
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	ertify that the information supplied with	h this filing does not qualify for			atad in Sa	ction 110 C	17/31/i) Florida	Statuton	Lfurther ec	arlify that th	o Information	1

i. 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.

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