FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000035373 (4) DOCUMENT # SHRI MAHAVIR CORPORATION Principal Place of Business Mailing Address 1069 CHENEY HIGHWAY 1069 CHENEY HIGHWAY TITUSVILLE FL 32700 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For 2153 Sta Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Newsm New Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ۷۱۱۷۷۰ 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHAH, SAROJ K ha h Saro 1069 CHENEY HWY. Street Address (P.O. Box Number is Not Acceptable) 82 TITUSVILLE FL 32780 83 84 MM Son. 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 reglatered 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. Should red agent and title if applicable SIGNATURE hen reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE SHAH, SARAOJ K NAME 1.2 NAME CR2E034 1069 CHENEY HIGHWAY STREET ADDRESS 1,3 STREET ADDRESS TITUSVILLE FL 32780 1.4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP I DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1.TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: