PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000035373

1. Corporation Name

SHRI MAHAVIR CORPORATION

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90016 038 ***150.00

Principal Place of Business Mailing Address							ri oi e ri ue ritti	10000 1111 1001
2153 STATE RD 44 2153 STATE RD 44								
NEW SMYRNA BEACH FL 32108 NEW SMYRNA BEACH FL 32								
US US						DO NOT WRITE IN THIS	SPACE	
	•					3. Date Incorporated or Qualifed		
O Deliverat Discout Discours					· · · · · · · · · · · · · · · · · · ·	04/21/1997 4. FEI Number		
2. Principal Place of Business 2a. Mailing Address							_ 	oplied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						<u> 59-3443181</u>		ot Applicable
······································						5. Certifcate of Status Desired		Additional equired
22						A Floring Communica Floring		
23 28						6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country					io rees
24	. 25	29 30		Journal		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Curr					10. Name and Address of New Registered Agent		
	<u>, , , , , , , , , , , , , , , , , , , </u>			81	Name	10.	3-11-	
SHA	.H, SAROJ K							
1069 CHENEY HWY.				82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)		
	ISVILLE FL 32780			83			*	1.1.1.1
				84	City	FL	85 Zip	Code ' ''
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida St	atutes the a	hove	-named come	pration submits this statement for the purpose of o	hanging its	registered
office or i	registered agent, or both, in the Stat	e of Florida. Such change wa	is authorized	l by t	the corporatio	n's board of directors. I hereby accept the appoin	tment as re	gistered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Stat	utes.				
SIGNATURE		goot and title if applicable. (A	OTC: Bosistered	Agost	nionalura ramiirad	when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS			<u>-</u> -	egistered Agent signature require		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DPS IN 12
TITLE	D	DELETE 1.1 TI		ΝF		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	SHAH, SARAOJ K		1.2 N			,		
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				1.4 CITY-ST-ZIP		•		
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NAME			6.2 NA	ME	- 1			i
					ADDRESS			I

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAH