

From : ACC&TAX

PHONE No. : 407 332 7111

Jan. 27 1999 6:11PM P02

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999.
AMOUNT DUE ON OR BEFORE 09/30/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

DO NOT WRITE IN THIS SPACE

FILED

99 FEB -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
98-99AR
Auditor of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036723 (9)
1. Corporation Name
DR. DARYANANI, INC.

Principal Place of Business
14501 AMACA COURT
ORLANDO FL 32837
Mailing Address
14501 AMACA COURT
ORLANDO FL 32837

3. Date Incorporated or Qualified
04/24/1997
4. FEI Number
59-3441692
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21 Subt. Apt. #, etc.
22 City & State
23 Zip
24 Country
25 City & State
26 Subt. Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Name and Address of Current Registered Agent

DARYANANI, LAXMICHAND
14501 AMACA COURT
ORLANDO FL 32837

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARYANANI, LAXMICHAND	1.2 NAME	
STREET ADDRESS	14501 AMACA COURT	1.3 STREET ADDRESS	100002770871
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	-02/10/99--01003--015
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***300.00 ***300.00
NAME	DARYANANI, SHEELA	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14501 AMACA COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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: X SIGNATURE REQUIRED
L.K. DARYANANI
1/28/99 407 8536-
4720

By Certified Mail

DR. DARYANANI, INC.
14501 AMACA CT
ORLANDO, FL 32837
January 27, 1999

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

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Ref:- Document # D97000036723

Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned DARYANANI LAXMICHAND, President of DR. DARYANANI, INC, would like to request you, as discussed by my accountant DINESH CHOKSHI with one of your representative, to waive the penalty for non-payment of Annual Filing Fees for 1998 on the following grounds.

We filed Annual Report for 1997 on 3-2-1998 together with the payment of \$150.00 mailed by Check #1070 dated 03/02/98. Proof of check stub is enclosed herewith. However, it is deemed that, you have received the Annual Filing Form for 1998 without the payment. Unfortunatley, we never realized that the ckeck is not cleared yet. We would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings. Further, I am a doctor busy with routine practice. I am not much familiar with filing requirements & procedures. I mailed the check as mentioned above. But I did not follow up for the same due to lack of knowledge. Sorry for that.

As per your request, we are enclosing herewith the check of \$300.00 being an annaul filing fees for 1998 & 1999 as an exceptional case. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.
Sincerely,



(DARYANANI, LAXMICHAND)

encl:- as above