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 # **P97000037084**1. Corporation Name

BOMBAY CHAT HOUSE, INC.

Principal Place	of Business		Ma	ailing Address	 -				1 (451188) 118 181					
4778 OKEECHOBEE BLVD WEST PALM BEACH FL 33417 4778 OKEECHOBEE BLVD WEST PALM BEACH FL 33417													•	
									D	O NOT WRITE	INI TUIS	SDACE		
								<u> </u>	Date Incorporated		IN I IIIO	SPACE		1
								3	04/24/1997	or Quanted,		<i>!</i>		
	f Desired		120	Mailing Address				4	FEI Number			Apr	olied For	۱.,
	ace of Business		26					-	65-0748700	-		Not	Applicable	MANIE
Suite, Apt. #, etc.				Suite, Apt. #, etc.						- Davissal - E		\$8.75 A	dditional	鸿
22				27					i. Certifcate of Statu	is Desired L		Fee Re	quired	Į
City & State				City & State					. Election Campaig	n Financing	٦	\$5.00	•	1
23			28						Trust Fund Contril	bution		Added to	Fees	-
Zip	Co	untry	Zip Country					8	3. This corporation of		year Int			
24	25		29		30				Personal Property		internal		□No	-
	9. Name and A	ddress of Current	Regis	stered Agent		81	Nama	10). Name and Addre	ISS OT NEW KEY	istered .	Agent		1
CV/L	DAC NADAVAN	* * * * * * * * * * * * * * * * * * *	٦.			"	Name							1
SAVDAS, NARAYAN 4778 OKEECHOBEE BLVD							Street Add	ress ((P.O. Box Number is	Not Acceptable	∍)			
	T PALM BEACH					83	,,,						1	
****	I I ALIII DLA IOII					"							Market (Fr	1
						84	City	•		the Section	FL	85 Zip 0	ode	
		0 - 4: 007 0500	, 1 a a d G	:07 1509 Florida	Statutes the	ahove	a-named corr	noratio	on submits this state	ment for the pu	rnose of	changing its	registered	1
								ion's l	board of directors. I	hereby accept t	he appoi	ntment as re	gistered	1
agent. I ar	m familiar with, and	accept the obligati	ions of	, Section 607.050	5, Florida Sta	itutes.	•			1.				
COLLETING												:		1
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	Signature, typed or printed	OFFICERS AND			(NOTE: Registere		nt signature require	ed wher	n reinstating)	IGES TO OFFIC				1 60
12.	Signature, typed or printed				13		nt signature require	ed wher	ADDITIONS/CHAN	IGES TO OFFIC		ND DIRECTO	RS IN 12	(44,00)
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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. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS



FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90033 034 ***150.00

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