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 # P97000043029 ~ 1. Corporation Name

BHAWNI CORP.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90243 050 ***150.00



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Principal Place of Business Mailing Address							_	i (Måliåä) isa seiti sadti äksit må	[[] ## 211 ## 111 # 1	WPG (4)(1) BB (1)() (1)()() (A)()	
3300 S. SANFO	RD AVENUE	3:	300 S. SANFORD AVENU	E								
SANFORD FL 32773			SANFORD FL 32773				İ	DO NOT MORE IN THIS COACE				
							<u> </u>		IE IN THIS	SFACE		
							1	`			l	
2. Principal Place of Business 2a. Mailing Address											pplied For	
	ace or business	Walling Address					· -			ot Applicable		
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				_				Additional	
22	,	27]				5	Certificate of Status Desired	Ц		equired	
City & State			City & State					Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution	<u> </u>	•	to Fees	
Zip Country			Zip Country				ε	8. This corporation owes the current year Intangible				
24	25 29 3			30				Personal Property Tax.				
	9. Name and Add	ress of Current Reg	stered Agent			5. Certifcate of Status Desired						
					81	Name					İ	
MENAN, VIJAY PAUL					82	Street A	Address (P.O. Box Number is Not Accepta	able)			
	S SANFORD AVE.							<u></u>				
SANI	FORD FL 32773				83							
					84	City				85 Zip	Code	
						•			FL			
office or re	egistered agent, or bo	th, in the State of Flor	607.1508, Florida Statu ida. Such change was a if, Section 607.0505, Flo	iuthorized	ı by i	the corpo	corporation's l	on submits this statement for the poard of directors. I hereby accep	purpose of o of the appoin	tment as re	s registered egistered	
SIGNATURE	Signature, typed or printed na	me of registered agent and titl	e if acolicable. (NOTE	Registered	Agent	t signature re	required wher	reinstating)	DATE			
12.	Signature, typod or printed no	OFFICERS AND DIR		13.				ADDITIONS/CHANGES TO OF	FICERS AN	DIRECT	ORS IN 12	
TITLE	DP		☐ DELETE	1,1 TI	TLE		DP)	Change	☐ Addition	
NAME	MENAN, VIJAY P			1.2 N	AME.		me	MAN, VIJHJ	- 000	Co.		
STREET ADDRESS	6920 S.W. 10TH	CT.		1.3 S	REET	ADDRESS	33	00 5-5A-MFOR	D HV	υ.	İ	
CITY-ST-ZIP	PEMBROKE PINE			1.4 C	TY-ST	-ZIP	50	TEFORD FL 3.	4 <u>773</u>			
TITLE	<u></u>		☐ DELETE	2.1 TI	TLE					☐ Change	☐ Addition	
NAME				2.2 N	AME	ĺ	ĺ					
STREET ADDRESS				2.3 S	TREET	ADDRESS	-	-				
CITY-ST-ZIP				2 4 0	TY-S	T-ZIP	·					
TITLE		.	☐ DELETE	3.1 TI	TLE					☐ Change	☐ Addition	
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NAME				4. 2 N	AME							
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CITY-ST-ZIP				4.4 C	TY-ST	- ZIP						
TITLE			☐ DELETE	5.1 T	TLE	1	Γ			☐ Change	☐ Addition	
NAME				5.2 N	AME						1	
STREET ADDRESS				5.3 S	TREET	ADDRESS						
CITY-ST-ZIP				5.4 C	TY-S1	-ZIP						
TITLE			☐ D€LETE	6.1 T	TLE					☐ Change	☐ Addition	
NAME				6.2 N	AME							
STREET ADDRESS				6.3 \$	TREET	ADDRESS	1					
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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.