## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059212 (5)

NISHAN CONCEPTS, INC.

**FILED** Apr 13 1998 8:00am Secretary of State

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Principal Place		Mailing Address				
7050 CRESTLAKE DRIVE 7050 CRESTLAKE DRIVE ORLANDO FL 32819 ORLANDO FL 32819						
ONDANDO PL 32818		ORLANDO FL 32619		DO NOT WRITE IN THIS SPACE		
ŀ				3. Date Incorporated or Qualified		
				07/08/1997		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3456693	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the o		
24	25		10	Personal Property Tax due June 30.	X-Yes No	
Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent						
	OLFE, LARRY		81 Name	HARJIT SINGH		
200-A JOHN KNOX ROAD			1 1	Idress (P.O. Box Number is Not Acceptable)		
TA	LLAHASSEE FL 32303-6643		7050			
			83			
			84 City		85 Zip Code	
			"   " (	ORLANDO F	L 👸 32819	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named co	prporation 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 607.0505, Florida Statutes.						
SIGNATURE	المنتحال			4.	6.1998	
SIGNATURE Signature. Upperf or profest name of registered agent and to obe applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	SINGH, HARJIT		1.2 NAME			
\$TREET ADDRESS	7050 CRESTLAKE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819		1.4 C/TY-ST-Z/P			
TITLE		☐ DELETE	21 TITLE		Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	• • •		
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CiTY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELĒTE	41 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TETLE		DELETE	51 TITLE		Change Addition	
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		—	6.2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			6.3 STREET ADDRESS			
1			6.4 CITY-ST-ZIP			
CITY-ST-ZIP			■ 0.4 GHT-ST-ZIP	. 6 446.07(0)(1) 5) 11 6) 11 11		

I nereby 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:

4.6.1998