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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT_OF STATE

Sandra B. Mortham

FILED

Jun 02 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000060013 (4)

CHIRAG ENTERPRISES, INC Principal Place of Business Mailing Address Mrs. Prabha Madnani Mrs. Prabha Madnani DO NOT WRITE IN THIS SPACE 8401 W Sample Rd. Apt. 30 8401 W Sample Rd. Apt. 30 Coral Springs, FL 33065-4625 Coral Springs, FL 33065-4625 3. Date Incorporated or Qualified 07/09/1997 2. Principal Place of Business Mailing Address Applied For 65-0764900 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangibles Zip Country Zio Country Yes Personal Property Tax due June 30. 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Mrs. Prabha Madnani 3401 W Sample Rd. Apt. 30 Foral Springs, FL 33065-4625 82 Street Address (P.O. Box Number is Not Acceptable) 63 84 City Zıp Code 11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or prested name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ПЦЕ 1.1 70116 ☐ Change Mrs. Prabha Madnani 1.2 NAME NAME 8401 W Sample Rd. Apt. 30 Coral Springs, FL 33065-4625 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 600002550706 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE -U5/U8/98--UIU3U---U3**2** Change TITLE 31 TITLE ***150.00 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 DHE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELET TITLE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C(1Y-S1-ZIP

14. Thereby 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, the I am an officer or director of the corporation or the receiver or further exerver or further e