Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90020 039 \*\*\*150.00

## 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 # P97000065840

1. Corporation Name

POONAM PROPERTIES INC.

| Principal Place of Business Mailing Address |  |                                    |                      |                    |                  |                                  |  | 10 10 01101 01101 II | ARI DIDAE DOM 10 | Į.       |  |
|---|--|------------------------------------|----------------------|--------------------|------------------|----------------------------------|--|----------------------|------------------|----------|--|
| 2251 S OLD DIXIE HWY                        |  | 2251 S OLD DIXIE HWY               | 2251 S OLD DIXIE HWY |                    |                  |                                  |  |                      |                  |          |  |
| BUNNELL FI. 32110                           |  | BUNNELL FL 32110                   |                      |                    |                  | DO NOT WRITE IN THIS SPACE       |  |                      |                  |          |  |
| US  |  | U\$                                |                      |                    |                  | 3. Date Incorporated or Qualifed |  |                      |                  |          |  |
|   |  |                                    |                      |                    |                  |                                  | 07/30/1997   |                      |                  | - 1      |  |
| 2 Principal P                               | lace of Business   | 2a, Mailing Address                |                      |                    |                  |                                  | 4. FEI Number  |                      | Applied For      |          |  |
| 21  |  | 26                                 |                      |                    |                  |                                  | 65-0778220   |                      | No: Applical     | ble      |  |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.                |                      |                    |                  |                                  |  | \$8.7                | 5 Additional     | ı        |  |
| 22  |  | 27                                 |                      |                    |                  | 5. Certificate of Status Desired | Fee  | Required             |                  |          |  |
| City & Stat                                 | 6  | City & State                       |                      |                    |                  | 6. Election Campaign Financing   | ,  | <b>)0</b> May Be     | - [              |          |  |
| 23  |  | 28                                 |                      |                    |                  | Trust Fund Contribution          |  | ed to Fees           |                  |          |  |
| Zip   | Country  | Zip                                | Country              |                    |                  |                                  | 8. This corporation owes the current year Intangible Personal Property Tax |                      |                  |          |  |
| 24  | 25   |                                    | 30                   | _                  |                  |                                  | Personal Property Tax.  10. Name and Address of New Register               |                      |                  |          |  |
|   | 9. Name and Ad Iress of Currer   | t Registered Agent                 |                      | 81                 | Nam              |                                  | 10. Natik and Address of New Registe                                       | ntu Agent            |                  | $\dashv$ |  |
| PACI  | HIGAR, PARESH  |                                    |                      |                    |                  |                                  |  |                      |                  |          |  |
|   | S OLD DIXIE HWY  |                                    |                      | 82 Street Addre    |                  |                                  | ess (P.O. Bcx Number is Not Acceptable)                                    |                      |                  |          |  |
|   | NELL FL 32110  |                                    |                      |                    |                  |                                  |  |                      |                  |          |  |
|   |  |                                    |                      |                    |                  |                                  |  |                      |                  |          |  |
|   |  |                                    |                      | 84                 | City             |                                  |  | F: L 85 Z            | lip Code         |          |  |
| 11 Pursuant                                 | to the provisions of 5 ections 607 050   | 2 and 607.1508. Florida Statute    | es, the a            | L1<br>bove         | -name            | d corpo                          | pration submits this statement for the purpos                              | se of changing       | its registere    | d        |  |
| office or r                                 | egistered agent, or both, in the State   | of Florida, Such change was at     | uthorize             | י על ל             | the co           | po atio                          | n's board of directors. I hereby accept the a                              | if pointment as      | registered       |          |  |
| agentia                                     | m familiar with, and accept the obliga   | tions of, Section 607.0303, Pior   | iua Stat             | ul <del>u</del> s. |                  |                                  |  |                      |                  |          |  |
| SIGNATURE                                   | Signature, typed or printed i ame of registered age  | it and title if applicable. (NC TE | Registered           | l Agen             | t signatur       | e re quired                      | when reinstating) DAT  | ·Ę                   |                  | - (      |  |
| 12.   |  | D DIRECTORS                        | 13.                  |                    |                  |                                  | ADDITIONS/CHANGES TO OFFICER   | E AND DIREC          | TORS IN 12       | 2        |  |
| TITLE                                       | D DELETE   |                                    | 1.1 T                | 1.1 TITLE          |                  | ļ                                |  | Chan                 | ge 🗌 Add         | lition   |  |
| NAME  | PATEL, PRAVIN  | 1.2                                |                      | 1.2 NAME           |                  | ļ                                |  |                      |                  | 1        |  |
| STREET ADDITESS                             | 2251 S OLD DIXE HWY  |                                    | 1.3 STREET           |                    | ADDRES           | s                                |  |                      |                  | - 1      |  |
| CITY-ST-ZIP                                 | BUNNELL FL 32110   |                                    | 1.4 CITY-5           |                    | -ZIP             |                                  |  |                      |                  | _        |  |
| TITLE                                       | D  |                                    |                      | 2.1 TITLE          |                  |                                  |  | Chan                 | ge 🗌 Add         | lition   |  |
| NAME  | SHAH, POONAM   |                                    | 2.2 N                | 2.2 NAME           |                  |                                  |  |                      |                  |          |  |
| STREET ADDRESS                              | 2251 S OLD DIXIE HWY   |                                    | 2.3 S                |                    | 3 STREET ADDRESS |                                  |  |                      |                  |          |  |
| CITY-ST-ZIP                                 | BUNNELL FL 32110   |                                    |                      | 2. 4 CITY-ST-ZIP   |                  |                                  |  |                      |                  |          |  |
| TITLE                                       | D DELETE 3.11  |                                    | TLE                  |                    |                  |                                  | Chan   | ge ☐ Add             | iition           |          |  |
| NAME  | PACHIGAR, PARESH   | ACHIGAR, PARESH 32 N               |                      | AME                |                  |                                  |  |                      |                  | }        |  |
| STREET ADD RESS                             | 2251 S OLD DIXIE HWY   |                                    | 338                  | TREET              | ADDRES           | s                                |  |                      |                  |          |  |
| CITY-ST-ZIP                                 | BUNNELL FL 32110   |                                    |                      | ITY-S              | T-ZIP            | _                                |  |                      |                  | No.      |  |
| TITLE                                       |  | ☐ DELETE                           | 4,1 T                |                    |                  |                                  |  | Chan                 | ge □ Add         | nuon     |  |
| NAME  |  |                                    | 4 2 NAME             |                    |                  |                                  |  |                      |                  |          |  |
| STREET ADD RESS                             |  |                                    |                      |                    | ADDRES           | s                                |  |                      |                  |          |  |
| CITY-ST-ZIP                                 |  | Daciere -                          | _                    | ITY-S              | r-ZIP            |                                  |  | - Chan               | ge 🔲 Add         | dilion   |  |
| TITLE                                       |  | ☐ DELETE                           | 5.1 T                |                    |                  | ł                                |  | Chan                 | ge Aud           | HOOH     |  |
| NAME  |  |                                    | 5.2 N                |                    | 4D0000           |                                  |  |                      |                  |          |  |
| STREET ADD RESS                             |  |                                    |                      | IREET<br>ITY-ST    | ADDRES           | 0                                |  |                      |                  |          |  |
| CITY-ST-ZIP                                 | <del> </del>   | ☐ DELETE                           | 6.1 T                |                    | 1-ZIP            |                                  |  | Chan                 | ige Add          | dition   |  |
| TITLE                                       | }  | □ pereie                           | 62 N                 |                    |                  |                                  |  | _ 51/411             | o- ∟,7400        |          |  |
| NAME<br>expect ADC Dece                     |  |                                    |                      |                    | ADDRES           | s                                |  |                      |                  |          |  |
| STULLIADE DECC                              | t contract the contract to the |                                    | 0.00                 |                    | · WOUTH          | _                                |  |                      |                  |          |  |

14. Her sby 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; tha I am an officiar or director of the corporation or the receiver or trustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and if at my name appears in Block 13 if changed, of on an attachment with an address, with all other like empowere 1.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP