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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700066319 (9)

FILED Feb 20 1998 8:00am Secretary of State

1	CORPORATION	(0)				1
Principal Plac	ce of Business	Mailing Address		 .	<u> </u>	I FIFIF BINED HAEL HADE TON LADI
451 S CENTRAL AVE LAKELAND FL 33801 LAKELAND FL 33801					DO NOT WRITE IN TH	HIS SDACE
					3. Date Incorporated or Qualified	TIS SPACE
					1	
2. Principal f	Place of Business	2a, Mailing Address			07/24/1997 4. FEI Number	Applied For
21		26			59-3458929	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		\$8.75 Additional
22		27	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	p Country Zip			1ry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	red Agent
PA	TEL, BALDEVBHAI J		8	Name		
	1 S CENTRAL AVE		ē	Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>
LAI	KELAND FL 33801			0.,001,100,1	Control of the contro	
			8	3		
			-	4 City		land 7: Octo
			l°	4 City	F	25 Zip Code
11. Pursuant office or i agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig)2 and 607.1508, Florida Statute of Florida. Such change was a lations of, Section 607.0505. Flo	es, the about outhorized oride Statut	ove-named corp by the corporati es.	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag-		: Registered A	gent signature require		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD ~	DELETE	1.1 TITLE	i i		Change Addition
NAME	PATEL, MAHENDRA S		1.2 NAM	E		
STREET ADDRESS	451 S CENTRAL AVE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY	-ST-ZIP		الْ
TITLE	VD		_			
NAME			2.1 TITLE			☐ Change ☐ Addition
		☐ DELETE	2.1 TITLE 2.2 NAMI			☐ Change ☐ Addition
STREET ADDRESS	451 S CENTRAL AVE	☐ DELETE	2.2 NAMI			Change Addition
CITY-ST-ZIP	451 S CENTRAL AVE LAKELAND FL 33801		2.2 NAMI 2.3 STRE 2.4 CITY	E Et address - St- Zip		
CITY-ST-ZIP TITLE	451 S CENTRAL AVE LAKELAND FL 33801 STD	☐ DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE	E ET ADDRESS '- ST- ZIP		Change Addition
CITY-ST-ZIP TITLE NAME	451 S CENTRAL AVE LAKELAND FL 33801 STD PATEL, BALDEVBHAI J		2.2 NAMI 2.3 STRE 2.4 CITY	E ET ADDRESS '- ST- ZIP		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	451 S CENTRAL AVE LAKELAND FL 33801 STD PATEL, BALDEVBHAI J 451 S CENTRAL AVE	☐ DELETÉ	2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	E ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		Change Addition Change Addition
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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.

CHATURE MAHENDRA S. PATE

molecter

1. 22, 90 (91)682 4921