

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 # P97000066393

1. Corporation Name
FLOCAL, INC.

Principal Place of Business

16630 W. HWY. 441
MOUNT DORA FL 32757

Mailing Address

16630 W. HWY. 441
MOUNT DORA FL 32757

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90050 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

59-3468977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 COMFORT INN

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 400 E. INTERNATIONAL

Suite, Apt. #, etc.

27 SPEEDWAY BLVD

City & State

23 DELAND

City & State

28 FL

Zip

24 32724

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MAROLIA, JANAK S
16630 W. HWY. 441
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

M. P. DESAI

82 Street Address (P.O. Box Number is Not Acceptable)

400 E INTERNATIONAL SPEEDWAY

83

DELAND

FL

85 Zip Code

32724

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

M. P. DESAI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAROLIA, JANAK S
STREET ADDRESS 16630 W. HWY. 441
CITY-ST-ZIP MOUNT DORA FL 32757

☐ DELETE

TITLE D
NAME DESAI, THAKOR C
STREET ADDRESS 935 SPRINGFIELD RD.
CITY-ST-ZIP MILLBRAE CA 94030

☐ DELETE

TITLE D
NAME DESAI, MAHENDRA P
STREET ADDRESS 1901 COURT ST.
CITY-ST-ZIP DEKIN IL 61554

☐ DELETE

TITLE D
NAME MAROLIA, MAHESH S
STREET ADDRESS 3811 NW BLITCHTON RD.
CITY-ST-ZIP Ocala FL 34482-4061

☐ DELETE

TITLE D
NAME DESAI, JANAK N
STREET ADDRESS 2880 POINCIANNA BLVD.
CITY-ST-ZIP KISSIMMEE FL 34746

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)