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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

1507 WYOMING AVE.

FT. PIERCE FL 34982

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

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NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000071889 (4)

SHRI NATH, INC.

Principal F	Place of Business	Mailing Address						
720 HARRISON STREET SEBASTIAN FL 32958		720 HARRISON STREET SEBASTIAN FL 32958			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/19/1997			
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For S - 0780688 Not Applicable	e		
27		Suite, Apt. #, etc.			<b>5.</b> Certificate of Status Desired	_		
City & Slate		City & State			6. Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25	7(p Country 29 30		itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	_		
PATEL, DINESH 720 HARRISON STREET					ame treet Address (P.O. Box Number is Not Acceptable)	dress (P.O. Box Number is Not Acceptable)		
	SEBASTIAN FL 32958		-	33		_		
			Ī	34 Cit	FL 85 Zip Code			
office	ant to the provisions of Sections 607.6 or registered agent, or both, in the St. . Lam familiar with, and accept the ob	ate of Florida, Such change was	authorized	by the	amed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	ī		
SIGNATUR	RE Signature, typed or punited name of registered	agent and little if applicable (NO	II Registered	Agent sigi	gralure tequired when reinstating) DATE			
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		DELETE	1.1 7(1)	.E	Change Additio	ń		
MALUF	PATEL DINESH		1.2 NAS	AF.	1			

CITY-ST-ZIP 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.

1.3 STREET ADDRESS

1.4 CHY-ST-7/P

2. 4 CITY - S1 - ZIP

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.4 CITY - \$1 - ZIP

5.4 CITY-ST-ZIP

21 TITLE

2.2 NAME 2.3 STREET ADDRESS

3.1 Till£

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME **5.3 STHEET ADDRESS** 

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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FILED

May 12 1998 8:00am

Secretary of State