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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90033 039 \*\*\*150.00

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1. Corporation Name  
SYMPHONY ENTERPRISES, INC.

Principal Place of Business  
240 HWY 98 WEST  
APALACHICOLA FL 32320

Mailing Address  
240 HWY 98 WEST  
APALACHICOLA FL 32320

PLEASE NOTE NEW ADDRESS

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 5331 N.E SILVERSPRINGS BLVD

23 City & State  
SILVER SPRINGS

24 Zip  
34488

25 Country  
FL

9. Name and Address of Current Registered Agent  
SHETH, MANSUKHLAL K  
240 HWY 98 WEST  
APALACHICOLA FL 32320

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHETH, MANSUKHLAL K  
240 HWY 98 WEST  
APALACHICOLA FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL, NATWARLAL K  
2206 MAIN STREET  
COLUMBUS MS 39701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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 (1/198)