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FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1 **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082014

1. Corporation Name
SIDHI VINAYAK INC. OF HOLIDAY

Principal Place of Business	Mailing Address
15210 U.S. HWY 19 HUDSON, FL 34667	15210 U.S. HWY 19 HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 15210 U.S. HWY 19
22 Suite, Apt. #, etc.
23 City & State: Hudsn. Fl
24 Zip: 34667 25 Country: USA

2a. Mailing Address
26 15210 U.S. HWY 19
27 Suite, Apt. #, etc.
28 City & State: Hudsn. Fl
29 Zip: 34667 30 Country: USA

3. Date Incorporated or Qualified

4. FEI Number: 59-3480673 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Sandhya Patel
15210 U.S. HWY 19
Hudsn. Fl 34667

10. Name and Address of New Registered Agent
81 Name: Sandhya Patel
82 Street Address (P.O. Box Number is Not Acceptable): 15210 U.S. HWY 19
83
84 City: Hudson FL 85 Zip Code: 34667

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: S Patel (Signature of New Registered Agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SANDHYA PATEL		12 NAME		
STREET ADDRESS	15210 US HWY 19		13 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	300002554163	☐ Change ☐ Addition
NAME			62 NAME	-06/10/98--01015--044	
STREET ADDRESS			63 STREET ADDRESS	***150.00	
CITY-ST-ZIP			64 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 added above or on an attachment with an address.

SIGNATURE: S Patel 4/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)