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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secrétary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084941 (8)

VANGARA & VANGARA, P.A.

FILED Jun 03 1998 8:00am Secretary of State

]
Principal Place of Business	Mailing Address			
7134 STATE RD.	P.O. BOX 1049			
NEW PORT RICHEY FL 34653	TAMPA FL 33601-1049			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/01/1997
2. Principal Place of Business	2a. Mailing Address			4, FEt Number Applied For
21 5352 GULF DR	26	<u></u>		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23 NEWPORT RICHEY, FL	28			Trust Fund Contribution
Zip 3 4 65 2 Country PASC 0]	Country		8. This corporation owes or has paid the current year Intangible
		10		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current	Registered Agent	81	Name ⊾	
LEWIS, NEIL F				EMIS, HEIL I.
				ess (P.O. Box Number is Not Acceptable) BAST KENNEDY BLUD
" NEW PORT NOTICE PE 34003		83		
		84	City	- 85 Zip Code
		04	CITAL	19A 33602 FL 85 Zip Code
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 \$ 12~				
Stgnature, typed or profed name of registered agent			Righature require	d whon reinstating) DATE
12. OFFICERS AND TITLE DPS (3	DILETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 N Change Addition
NAME VANGARA, SREENIVAS P		1.2 NAME	5	5352 GULF DY
STREET ADDRESS 1290 PINE RIDGE CIR E	(Exam	1.3 STREET AL	DORESS .	UEWPORT RICHEY PL 34652
CITY-ST-ZIP TARPON SPRINGS FL 34689		1.4 CHY-SI-	ZIP (FROM 7.1.98)
TITLE DVT	DELETE	2.1 TITLE		I I Change ► Addition I
NAME VANGARA, MALLESWARIS	1 James	2.2 NAME	\ \ \	813 COLLIER PARKWAY
STREET ADDRESS 1290 PINE RIDGE (IR. E. 2) > 6.	2.3 STREET AD	DDRESS	LUT 2, FL 33549.
CITY-ST-ZIP TARPON SPRINGS FL 34889	DELETE	2.4 CITY-ST-	ZIP	
TITLE	DELETE	3.1 TITLE 3.2 NAME		L Change L Addition
STREET ADDRESS		3.2 NAME 3.3 STREET AC	nneree	
CITY-ST-ZIP		3.4. CITY-ST-		<u>^</u> .
TITLE	DELETE	4.1 TITLE		Charge Addition
NAME		4. 2 NAME		\mathcal{M} \mathcal{M}
STREET ADDRESS		4.3 STREET AD	DORESS	46012 I
CITY-ST-ZIP		4.4 CITY-ST-	ZIP	
TITLE	☐ DELFTE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET AD		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - 2	ZIP	Change Addition
TITLE NAME	L Dittele	6.1 TITLE 6.2 NAME		6000025490 0 6
STREET ADDRESS		6.2 NAME 6.3 STREET AD	IDRESS	-06/05/3801070038
CITY-ST-2IP		6.4 CITY-ST-		***150.00
Oire-ar-Air		■ 0.9 UHT - 31 - A	EIT.	

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, if 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 13 if changed, or on an attachment with in address.

CIGNATURE.

5-18-98 (813)843-9200