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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094360 (9)

LAXMI INVESTMENTS, INC. Principal Place of Business Mailing Address 2001 MCCOY ROAD 2601 MCCOY ROAD ORLANDO FL 32909 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KHUSHAL, ALPESH 260'1 MICCOY ROAD Street Address (P.O. Box Number is Not Acceptable) R2 ORLANDO FL 32809 83 84 City 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. Thereby accept the appointment as registered agent. Lam tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PEGISTERED AGENT. DELETE Change Addition TITLE 1.1 TULE REGISTERED AGENT NAME 1.2 NAME ALPESH STREET ADDRESS 13 STREET ADDRESS MCCOU CITY-ST-ZIP 1.4 C/TY+ST-ZIP DELLIE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZIP 2. 4 CHY-SI-Z# Addition DELETE Change TITLE 3.1 1IILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CHY-S1-7IP DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TILLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE BODOORSEBBBB 6.2 NAME NAME 96/22/98--01116--006 6.3 STREET ADDRESS STREET ADDRESS \*\*\*\*150,00 CITY-ST-ZIP

14. Thereby certify that the information supplied with this thigg 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 supplience that annual diport is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the greatest 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

LHICHAL

4/19/98 (1/10)851-4/6/2

FILED

Jun 22 1998 8:00am

Secretary of State