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 # P97000098771 (3)

FILED Feb 27 1998 8:00am Secretary of State

EXPRE	ESS SHOP, INC.	•	,		
Principal Plac	e of Business	Mailing Address			i valan saşın kadın saddır bias cadı
5922 TURKEY LAKE ROAD 5922 TURKEY LAKE ROA ORLANDO FL 32819 ORLANDO FL 32819			DAD	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				11/19/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 ECi Number	Applied For
21		26		593 48 9671	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, otc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		& Etaction Compaign Financing	
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
	EDDY, MEGHAJ		81 Name		
	22 TURKEY LAKE ROAD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
OI	RLANDO FL 32819				
			83		
			84 City		85 Zip Code
					L '
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obligation of the obligation of the state of the		authorized by the corpora lorida Statutes.	poration submits this statement for the purpose tition's board of directors. I hereby accept the a brief when reinstaling)	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	REDDY, DAYAKAR K		1.2 NAME		•
STREET ADDRESS	5922 TURKEY LAKE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	,	1.4 C/TY-ST-ZIP		
TITLE	STD	DELETE	2.1 TITLE		Change Addition
NAME	REDDY, KUCHAKULLA N		2.2 NAME		
STREET ADDRESS	5922 TURKEY LAKE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TATLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T KELES	3.4. CITY-ST-ZIP		Observe To Ballion
TITLE		☐ DETEIE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		T nutre	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
		C) other	6.1 TITLE		- Ondingo - Addition
NAME			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
LITT-NI-7P			■ 0.4 CHY - 51* 21°		

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 eath; that I am an officer or director of the corporation or the receiver or trustee employered 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 altrachment with an address

SIGNATURE:

SIGNATURE: