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

PROFIT GORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106035 (3)

Principal Place of Business	Mailing Address		
101 EAST KENNEDY DRIVE #2125	101 EAST KENNEDY DRIVE #2125		
TAMPA FL 33602	TAMPA FL 33602		

FILED Mar 26 1998 8:00am Secretary of State

REMA RICHIE INCORPORATED			CARGORNA DE ARANA ANGIA ROMA ARANA ARANA ARANA ARANA	8:16 8:11 83:16 Side: Airt 1881
Principal Place of Business	Mailing Address		I HARILAGE DES INCIDENTS AND SECULO S	KALO DIESE DOSOD TITOS DIEL CODI
101 EAST KENNEDY DRIVE #2125 TAMPA FL 33602	101 EAST KENNEDY DRIV TAMPA FL 33602	E #2125	DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
			12/17/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3485527	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28 Zip	Country		Added to Fees
24 25	— 	30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	Yes No
9, Name and Address of Cu		301	10. Name and Address of New Registered	
ROBERTS, RICHARD A		81 Name		
101 EAST KENNEDY DRIVE #2	195	00 00 4 4 4 4	(0.0.0.0.1)	
TAMPA FL 33602	120	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
I IAM A LE SOCCE		83	· · · · · · · · · · · · · · · · · · ·	
		84 City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	s, the above-named corpo		
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the o	tate of Florida. Such change was au bligations of Section 607 0505. Flor	uthorized by the corporation	on's board of directors. I hereby accept the ap	opointment as registered
	ongacion on coop, i lor	No Claiding.		İ
SIGNATURE Signature, typed or printed name of registere	d agent and lifte if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME PRESDENT PAT	DELETE	1.1 TITLE		Change Addition
NAME PRATIM PAT	EL.	1.2 NAME		
STREET ADDRESS 815 CAREEN NO	OD CT	1.3 STREET ADDRESS		
CITY-ST-ZIP BRANDON 33		1.4 CITY-ST-ZIP		
TIME VICPLESIDGNT		21 TITLE		Change Addition
NAME RAKESH BHU	LA.	2.2 NAME	•	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	Driete	2.4 CITY-ST-ZIP		Change
ITTLE SEC ,	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME JOCELYN PA	TO C I	3.2 NAME		ļ
NAME JOLELYN PA STREET ADDRESS 815 GTZEENW CITY-ST-ZIP BLANDON E	6 33 CV	3.3 STREET ADDRESS		
TITLE TRESURER.	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME REKHA BAKRA		4. 2 NAME		_ onengo racemon
STREET ADDRESS 127 BARRINGTO				
	351	4.3 STREET ADDRESS		
TITLE	DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME	and section	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		İ
CITY-ST-ZIP		6.4 CITY-ST-ZIP		Į

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 emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attackment with an address.

(813) 654 2322