


**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90124 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000003758 ✓  
 1. Corporation Name  
 P & D JAMNADAS PROPERTIES, INC.



Principal Place of Business  
 1113 LAUREL OAK DRIVE  
 LONGWOOD FL 32779

Mailing Address  
 1113 LAUREL OAK DRIVE  
 LONGWOOD FL 32779

234 Harbour Garden Ct  
 Orlando, FL 32806

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 01/13/1998

21. Principal Place of Business 1900 North Mills Ave.	22. Mailing Address 1900 North Mills Ave.
23. City & State Orlando FL	24. City & State Orlando, FL
25. Zip Country	26. Zip Country

4. FEI Number X 59-3486328	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 the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent  
 ARAGO, MAUREEN A  
 1900 NORTH MILLS AVENUE  
 ORLANDO FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 113 Laurel Oak Dr.
83
84 City Longwood, FL
85 Zip Code 32779

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: Maureen Arago DATE: 1-29-99

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JAMNADAS, PRADIP	
STREET ADDRESS	234 HARBOUR GARDENS COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	JAMNADAS, DIPIKA	
STREET ADDRESS	234 HARBOUR GARDENS COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pradip Jamnadas DATE: 2/28/99 DAYTIME PHONE #: 407-643-7520

CR2E034 (1/198)