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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90233 022 ***150.00

DOCUMENT # P9800005891 1. Corporation Name AUM NAMAH SHIVAYA, INC.							
Principal Place	e of Business	Mailing Address				/IF #0101 01F01 10176 1	18181 1181 1881
4410 14TH STREET WEST 4410 14TH STREET WEST							
BRADENTON FL	. 34207	BRADENTON FL 34207			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 01/20/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21 44		26			65-0806535		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	AND ADOVO	City & Grate		-	6. Election Campaign Financing Trust Fund Contribution	- *5:00 Added to	
Zip	Country	Zip 30	Country	_	This corporation owes the current year Personal Property Tax.	Intangible	DW W0
24	9. Name and Address of Curren		<u>, </u>		10. Name and Address of New Registere		
			81	Name	·		}
HAMLIN, CURTIS D ESQ 1205 MANATEE AVENUE WEST				Street Add	dress (P.O. Box Number is Not Acceptable)		
BRAI	DENTON FL 34205		83				
			84	City		. 85 Zip C	Code
				-			
SIGNATURE	Signature, Hoped or printed name of registered agen	N MOO			poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the purpose of the pur	70717	
12.	A	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	President Date	, i	1.2 NAME))
STREET ADDRESS	Argot K. Hate	Sarasota, FL	1.3 STREET	ADDRESS			
CITY-ST-ZIP	3	34233	1.4 CiTY-ST-	-ZIP			- Addison
TITLE	secretary.	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	Nanu K. Patel	.Nact	2.2 NAME	*DODECO			
STREET ADDRESS		79507 Dest	2.3 STREET A				
CITY-ST-ZIP TITLE	Bradenton, FL 34201		3.1 TITLE			- Change	Addition
NAME			3.2 NAME	}			ļ
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST	- ZIP			☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	[_] Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST- 5.1 TITLE	-217		Change	☐ Addition
NAME			5.2 NAME			_ :	_
NAME STREET ADDRESS			5.3 STREET	ADDRESS	·		'
CITY-ST-ZIP			5.4 CITY-ST				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			i
	(64 CITY OF	- AID			

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 an attachment with an address, with all primarike empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR