

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90018 014 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000021180

1. Corporation Name

PRAMUKH SWAMI, INC.

Principal Place of Business
 72 HUGH ADAMS RD
 DEFUNIAK SPRINGS FL 32433

Mailing Address
 472 HUGH ADAMS RD
 DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

1. Principal Place of Business

DAYS INN

472-Hugh Adams Rd

Defuniak Sp - FL

32433 USA

2a. Mailing Address

DAYS INN

472-Hugh Adams Rd

Defuniak Sp - FL

32433 USA

4. FEI Number

59-3503174

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.

☐Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, CHANDRA
 472 HUGH ADAMS RD
 DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name CHANDRA PATEL
 82 Street Address (P.O. Box Number is Not Acceptable) 472-Hugh Adams Rd
 83
 84 City Defuniak Sp - FL 85 Zip Code 32433

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/99

2. OFFICERS AND DIRECTORS

1. LE ☐ DELETE
 2. ME
 3. STREET ADDRESS
 4. CITY-ST-ZIP
 5. LE ☐ DELETE
 6. ME
 7. STREET ADDRESS
 8. CITY-ST-ZIP
 9. LE ☐ DELETE
 10. ME
 11. STREET ADDRESS
 12. CITY-ST-ZIP
 13. LE ☐ DELETE
 14. ME
 15. STREET ADDRESS
 16. CITY-ST-ZIP
 17. LE ☐ DELETE
 18. ME
 19. STREET ADDRESS
 20. CITY-ST-ZIP
 21. LE ☐ DELETE
 22. ME
 23. STREET ADDRESS
 24. CITY-ST-ZIP

13.

1.1 TITLE President
 1.2 NAME Chandra Patel
 1.3 STREET ADDRESS same above
 1.4 CITY-ST-ZIP
 2.1 TITLE Director
 2.2 NAME Bhanu Patel
 2.3 STREET ADDRESS same above
 2.4 CITY-ST-ZIP
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

SIGNATURE: CHANDRA PATEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date
 Daytime Phone #

CR2E034 (5/99)