SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90003 011 ***150.00

DOCUMENT # 🗖	98000024694
1 Corneration Name	30000024034

JAY GANESHAY, INC. Principal Place of Business Mailing Address 1800 SOUTH FRENCH AVENUE 1800 SOUTH FRENCH AVENUE SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/11/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired --- Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes the current year Yes 24 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATEL DINESH LEPRELL. SAMUEL L 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 901, BLACKSTONE BUILDING 80 O FRENCH 233 EAST BAY STREET 83 JACKSONVILLE FL 32202 Zip Code 84 City SANFOR 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE Change Addition DELETE NAME PATEL, DINESH A 1.2 NAME 1800 SOUTH FRENCH AVENUE 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2 1 TITI F Change ___ Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE __ Change Addition NAMÉ 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

__ DELETE

SIGNATURE: _

TITLE

NAME STREET ADORESS

in Block 12 or Block 13 if changed, or on an attachment with an address.

__ Change

Addition

CR2E034 (5/99)

Jay Ganeshay, Inc. 1800 South French Ave Sanford, Fl. 32771

July 13,1999

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document # P98000024694

Sub: -

Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned DINESH A PATEL, President of JAY GANESHAY, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 1999 on the following grounds.

I never received the Annual Filing Form for 1999, may be lost in the mail, and/or may be my agent never forwarded to me the 1st notice. Unfortunatley, I never realized that I did not pay the annual filing fee for 1999 as I did not received the Filing Form for 1999. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

As per one of your representative's request and discussion, about the waiver of penalty I am enclosing herewith the check of \$150.00 being an annual filing fee for 1999 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship on me and my family. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you for reinstatement procedure. Sincerely,

(DINESH PATEL)

What was

encl:- as above