

FILED
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Secretary of State

04-09-1999 90028 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000024812 1. Corporation Name TASTE OF INDIA, INC.			
Principal Place of Business 9251 S ORANGE BLOSSOM TRAIL BIB PLAZA, STE 10 ORLANDO FL 32837		Mailing Address 9251 S ORANGE BLOSSOM TRAIL BIB PLAZA, STE 10 ORLANDO FL 32837	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29			
3. Date Incorporated or Qualified 03/17/1998			
4. FEI Number 59-3498746			
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 PATEL, PRABODH C 815 ORIENTA AVE STE 6 ALTAMONTE SPRINGS FL 32701		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PATEL, NATAVARBHAI D 9251 S ORANGE BLOSSOM TRAIL, STE 10 ORLANDO FL 32837	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD PATEL, HANSABEN B 9251 S ORANGE BLOSSOM TRAIL, STE 10 ORLANDO FL 32837	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD PATEL, MANUBHAI B 9251 S ORANGE BLOSSOM TRAIL, STE 10 ORLANDO FL 32837	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PATEL, SUDHABEN M 9251 S ORANGE BLOSSOM TRAIL, STE 10 ORLANDO FL 32837	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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; that 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, on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 (407) 855-4622

Date

Daytime Phone #

CR2E034 (11/98)