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**

DOCUMENT # P98000034684

DURGA ENTERPRISES, INC.

FILED
Apr 02, 1999 8:00 am
Secretary of State
Secretary of State
04-02-1999 90089 021 ***150.00



Principal Place	e of Business	Maili	ing Address			
3580 PALL MAL	L DRIVE		PALL MALL DRIVE			
UNIT 1506	F1 00057	UNIT	1506 SONVILLE FL 32257			DO NOT WRITE IN THIS SPACE
JACKSONVIL <u>LE</u>	FL 3223/	JHUN.	SOLVILLE PL SEZSI	جحد		3. Date:Incorporated or Qualifed
						04/15/1998
2 Principal Pl	lace of Business	2a N	Mailing Address			4 FEI Number - Applied For
	ace of business	26	isining recursor			59-350523 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8.75 Additional
─ ``	m, etc.	27				5. Certificate of Status Desired Fee Required
City & State	2	4	City & State			6. Election Campaign Financing S5.00 May Be
·		28	[Trust Fund Contribution Added to Fees
Zip	Country		Lip	Cou	ntry	8. This corporation owes the current year Intangible
	25	29	30	7	-	Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current			Т_Т		10. Name and Address of New Registered Agent
					81 Name	ne
HALL	OWES, BORDEN R			ĺ	DO Char	Address (D.O. Rey Number is Not Acceptable)
3580	PALL MALL DRIVE				82 Stree	et Address (P.O. Box Number is Not Acceptable)
UNIT	1506			1	83	
JACH	KSONVILLE FL 32257	-	i	[
				١	84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607	.1508, Florida Statutes,	the at	ove-name	ed corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. ns of, S	Such change was auth ection 607.0505, Florid	onzed a Statu	l by the cor utes.	rporation's board of directors. I hereby accept the appointment as registered
[The state of the s					
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if a	pplicable. (NOTE: Re	gistered	Agent signatur	re required when reinstating) DATE
12.	OFFICERS AND	DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		. 🔀 DELETE	1.5 TIT	T.E.	PRESIDENT Change Addition
NAME	HALLOWES, BORDEN R			1.2 NA	ME	SURESH CHANDRE L. BHIM BHAT
STREET ADDRESS	3580 PALL MALL DRIVE, UNIT 1	506		1.3 ST	REET ADDRES	55 3580 PAU MAU DON #1506
CITY-ST-ZIP	JACKSONVILLE FL 32257			1.4 CIT	TY-ST-ZIP_	
TITLE			☐ DELETE	2.1 777	Œ	LALITABEN, L. BHAIN GHA
NAME	•			2.2 NA	ME	
STREET ADDRESS						THE WASEL TO SHAPE
CITY-ST-ZIP				2.3 ST	REET ADDRES	
TITLE		1			REET ADDRES	ss
		<u> </u>	☐ DELETE		TY-ST-ZIP	
NAME			☐ DELETE	2.4 CI	TY-ST-ZIP TLE	TRESERVE Change SHAddition
NAME STREET ADDRESS			☐ DELETE	2. 4 CF 3.1 TIT 3.2 NA	TY-ST-ZIP TLE	TRESERVE Change GAddition
} '			☐ DELETE	2.4 CF 3.1 TIT 3.2 NA 3.3 ST	TY-ST-ZIP TLE IME	TRESERVED Change SHAddition JAIPRAILING LAWS BHAT
STREET ADDRESS			☐ DELETE	2.4 CF 3.1 TIT 3.2 NA 3.3 ST	TY-ST-ZIP TLE ME REET ADORES TY-ST-ZIP	TRESERVED Change SHAddition JAIPRAILING LALLOS BHAT SS
STREET ADDRESS CITY-ST-ZIP TITLE				2.4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4. CF	TY-ST-ZIP TLE ME REET ADORES TY-ST-ZIP TLE	TRESERVED Change SHAddition JAIPRAILING LALLOS BHAT SS
STREET ADDRESS		-		2. 4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4 CF 4.1 TIT 4.2 NA	TY-ST-ZIP TLE ME REET ADORES TY-ST-ZIP TLE	TRESERVER Change GAddition JAIPRAILIBH LALLS BHAT SCCRETAVO Change Addition Rolls J. J. allookan
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		*		2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE AME	TRESERVED Change GAddition TRESERVED Change GAddition SCC. RETRY Change Addition Schange GAddition Schange GAddition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		*		2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	TY-ST-ZIP TLE ME REET ADORES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP	TRESERVER Change GAddition JAIPRAILIBH LALLS BHAT SCCRETAVO Change Addition Rolls J. J. allookan
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	□ DELETE	2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4. 2 NA 4.3 ST 4.4 CI	TY-ST-ZIP TLE MME REET ADORES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP TLE	TRESERVED Change GAddition TRESERVED Change GAddition SCC. RETRY Change Addition Schange GAddition Schange GAddition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		~	□ DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	TY-ST-ZIP TLE MME REET ADORES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP TLE	TRESERVER Change GAddition TRIPRAILIBLE LALLOS BHAT SCCRETAVO Change Addition Belle J Lalloo Kan Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A THE LIBERTY THE LAND		□ DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	TY-ST-ZIP TLE ME REET ADDRES TY-ST-ZIP TLE REET ADDRES TY-ST-ZIP TLE TY-ST-ZIP TLE	TRESERVER Change GAddition TRESERVER CHAT SECRETAY Change GAddition Belle J Lalloo how Change GAddition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TO SEE CHOOSE SOLE		□ DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP	TRESERVER Change GAddition TRIPRAILIBLE LAWS BHAT SCCRETARS Change Addition Belle J Lalloo Ken Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI	TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE REET ADDRES TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE TREET ADDRES	TRESERVER Change GAddition JAIPRAILING LAUGIBHAT SCCRETAVO Change Addition Belle J Lalloo how Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	The state of the s		DELETE	2.4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CF 6.1 TIT 6.2 NA	TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE REET ADDRES TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE TREET ADDRES	TRESCENCE Change CAddition TRESCENCE Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE			DELETE	2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4, CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CM 5.1 TIT 5.2 NA 5.3 ST 6.1 TIT 6.2 NA 6.3 ST	TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE AME REET ADDRES TY-ST-ZIP TLE MME REET ADDRES TY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE MME TREET ADDRES TY-ST-ZIP TLE MME	TRESERVER Change DAAddition TRESERVER CHAT SS CRETRY Change DAddition Belly J Lalloo hav Change DAddition Change DAddition

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: (

CALLO CONTRIBUTED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR