PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000040198

TIRTHAN INC

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90032 030 \*\*\*150.00

HHHAN	I, INC.										
Principal Place	of Business	Mailing	Address						<b>111 6011</b> 1 11	016 16161 1011 1661	
2426 13 STREET 2426 13 S			3 STREET OUD FL 34769					DO NOT INDITE IN THIS	CDACE		
								DO NOT WRITE IN THIS	SPACE		
								3. Date Incorporated or Qualifed			
								05/04/1998 4. FEI Number Applied For			
			a. Mailing Address □					59-350 - 7871		Not Applicable	
21			26 Suite Ant # ata					\$8.75 Additional			
Suite, Apt. :	#, etc.	<u> </u>	Suite, Apt. #, etc.					5. Certifcate of Status Desired Fee Required			
City 9 State			City & State					6. Election Campaign Financing		0 May Be	
City & State	ਰ . 'ਬ		28				Trust Fund Contribution Added to Fees				
23   Zip	Country Zip			Cou	Country			8. This corporation owes the current year Inta			
24	25	29	I	30	,			Personal Property Tax.	X Yes	□No	
24]	9. Name and Address of Curre			301				10. Name and Address of New Registered	gent		
					81	Name				"	
SHA	H, JANAK "				82			(2.0.5. )			
2426 13 STREET			{			Street	Addres	s (P.O. Box Number is Not Acceptable)			
	LOUD FL 34769										
-									11 =		
					84	City		FL	85 Z	p Code	
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Si ations of, Sec	uch change was at tion 607.0505, Flor	ida Stati	t by tutes.	the corpo	oration	ration submits this statement for the purpose of s's board of directors. I hereby accept the appoint	unem as	registered	
12,	Signature, typed or printed name of registered ag	IND DIRECTO		13.	Agen	t signature i	equirea v	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE	PD	IND DIRECTO	DELETE	1,1 TF	TLE		Γ	,	☐ Chang		
NAME	SHAH, JANAK			1.2 N				•			
STREET ADDRESS	1117 HUNT AVE					ADDRESS					
	LAKELAND FL 33801				TY-S1						
CITY-ST-ZIP TITLE	VD		☐ DELETE	2.1 TI					Chang	e Addition	
NAME .	SHAH, ARUN			2.2 N/			<b> </b>			ļ	
	1117 HUNT AVE			1		ADDRESS					
STREET ADDRESS	LAKELAND FL 33801		. •	4 .	πY-S			فالمتواجد للمالول والوالما والمستني		·	
TITLE	SD		☐ DELETE	3.1 Π		1-21			☐ Chang	ge Addition	
NAME	SHAH. DAXA			3.2 N/							
STREET ADDRESS	118 JAMES AVE			•		ADDRESS					
CITY-ST-ZIP	CRANFORD NJ 07016				TY-S						
TITLE	O18/111 O115 140 0/ 010		☐ DELETE	4.171			<b></b>		Chang	ge Addition	
NAME				4. 2 N	IAME					Ì	
STREET ADDRESS	<i>\$</i>					ADORESS				1	
CITY-ST-ZIP					ITY-SI						
TITLE			☐ DELETE	5.1 TI					☐ Chan	ge 🔲 Addition	
NAME				5.2 N	AME					}	
STREET ADDRESS				5.3 ST	TREET	ADDRESS	ĺ			Ì	
CITY-ST-ZIP				5.4 CI	TY-ST	T-ZiP	L				
TITLE			☐ DELETE	6.1 TI	TLE				☐ Chan	ge	
NAME				6.2 N	AME						
STREET ADDRESS	•			6.3 S	TREET	FADDRESS					
CITY-ST-ZIP				6.4 CI	my-si	T-ZIP		<u> </u>			

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:

SIGNATURE AND TYPES OF PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

(941) 667 1616

Day

-CR2E034 (11/98