FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT P980000424621

-KRISHNA REALTY, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90271 048 ***158.75



222 N. FEDERAL BOYNTON BEAC	HWY H FL 295 6: 33435	222 N. FEDERAL HAVY BOYINTON BEACH FL 345 33435				.00	NOT WR	ITE IN THIS	SPACE			
							3. Date incorporated o	١				
2. Principal Place of Business 2a. Mailing Address 21 26							4. FEI Number 65-08	619	20	 4	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status		12	\$8.75 Additional Fee Required		
City & State City & State							6. Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees		
Zip 4	Country Zip 25 29 30				'		8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Curr	ent Registered	Agent		-	_,	10. Name and Address	of New	Registered	Agent		
PATEL, MAHENDRA 222 NORTH FEDERAL HIGHWAY BOYNTON BEACH FL 34485 33435						lame	ress (P.O. Box Number is N	of Accept	hable)		 	
							1000 (1.55.350.0)				·	
						City			FI	85 Z	p Code	
. <u></u>	to the provisions of Sections 607.0				L.					<u> </u>	ian an alaskanad	
12. TITLE	OFFICERS:	AND DIRECTOR	S DELETE	13.			ADDITIONS/CHANG	ES TO O	FFICERS A	ND DIREC		
TITLE	PO						ADDITIONS/CHANG	E3 10 0	TH TOLING A			
NAME STREET ADDRESS	PATEL, MAHENDRA 222 N FEDERAL HWY			12 NAME 13 STREE	TADO	DRESS						
CTY-ST-ZP	BOYNTON BEACH PL 33	435		140114-5	ST-ZE	<u> </u>						
TITLE			☐ DELETE	2.1 MTLE		_	_			[] Chan	ge 🔲 Additio	
NAME				22 NAME		1						
STREET ADDRESS				2.3 STREE	TAD	ORESS						
CITY-ST-ZIP				2.4 CITY-	\$T - ZI	IP						
TITLE			DELETE	3.1 TITLE		1				Chan	pe 🗍 Addition	
NAME				32 NAME								
STREET ADDRESS				3.3 STREE	TAD	ORESS						
CITY ST ZIP	· · · · · · · · · · · · · · · · · · ·		Concern	3.4. CITY-	ST-21	P				Chan	ge Addition	
TITLE			DELETE	4.1 TITLE						T. Orașii	ye ∐ruuw	
NAME				4, 2 NAME								
STREET ADDRESS				4.3 STREE		ł						
TITLE:		· · · · · · · · · · · · · · · · · · · 	☐ DELETE	4.4 CITY-S 5.1 TITLE	ال-۱۰		 			Chan	ge [] Additio	
NAME				52 NAME							_ _	
STREET ADDRESS				5.3 STREE	TAD	ORESS						
STY-ST-ZIP				5.4 CITY-5	ST- Z I	p						
me.			DELETE	£1 IIILE						☐ Chan	ge 🔲 Additio	
VANE				82 NAME		1						
STREET ADDRESS				6.3 STREE	T ADI	ORESS						
SITY-ST-ZIP	<u> </u>			6.4 CITY-S	ST- <i>2</i> 3	P]						

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an information of the control of

SIGNATURE: , ROBEL MAHENDRA PATEL.

4/28/99

(561) 732-4333