

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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90003 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

*Xipher, Inc.*

*P98000067839*

Principal Place of Business

*433 South Paula Dr., #31  
Dunedin, FL 34698*

Mailing Address

*433 South Paula Dr., #31  
Dunedin, FL 34698*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*August 4, 1998*

4. FEI Number

*59-3528420*

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

*21* Suite, Apt. #, etc.

*26* Suite, Apt. #, etc.

*22* City & State

*27* City & State

*23* Zip

*28* Zip

*24* Country

*29* Country

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

*AmeriLawyer  
343 Almeria Ave.  
Coral Gables, FL 33134*

10. Name and Address of New Registered Agent

81 Name

*Janesha Patel*

82 Street Address (P.O. Box Number is Not Acceptable)

*433 South Paula Drive, # 31*

83

84 City

*Dunedin*

**FL**

85 Zip Code

*34698*

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

*Jayesh Patel*

*5/8/99*

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>President</i>
STREET ADDRESS	<i>Janesha Patel</i>
CITY-ST-ZIP	<i>433 South Paula Drive, # 31</i>
	<i>Dunedin, FL 34698</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Vice-President</i>
STREET ADDRESS	<i>Punil Patel</i>
CITY-ST-ZIP	<i>433 South Paula Drive, # 31</i>
	<i>Dunedin, FL 34698</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

*Jayesh Patel, Janesha Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 8, 1999 (727) 736-8270*

Date

Daytime Phone #

CR2E034 (11/98)