**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000093390

1. Corporation Name

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90007 011 \*\*\*150.00

HR & PATEL INC.						
D: :   D:	Mailing Address				IN INCOME STATE STATE	E ARUST ORTO SERV
Principal Place of Business	Mailing Address	AIF # 004				
16802 LANDINGS POINTE LANE #201 16802 LANDINGS POINTE LAN TAMPA FL 33624 TAMPA FL 33624						
THIR A LE GOOEY	THAT I L DEGLET			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				11/02/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	oplied For
21 26				59-3537322		ot Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional ====================================
22	27					
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip Country	Zip	Countr		<del></del>		10,000
— ·	29 3	_ `	y	<ol> <li>This corporation owes the current year for Personal Property Tax.</li> </ol>	O es	□No
24 25 9. Name and Address of Current		<u> </u>		10. Name and Address of New Registere		
3. Haine and Address of Current	regiotered Again	81	Name			
PATEL, DILIP				(0.0.0		
16802 LANDINGS POINTE LANE #201		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624		83	3	The state of the s	_	
			<b>⊥</b>		- <del>1</del> 1 =	
		84	City	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	ve-named cor	poration submits this statement for the purpose	of changing its	registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with and accept the obligation</li> </ol>	f Florida. Such change was autl	horized by	the corporat	tion's board of directors. I hereby accept the app	iointrient as re	egistered
agent. I am ramiliar with ann accept merobilgalit	ons of, Section 607.0303, Piono	ia Statute	э.		a a	
					- (	L.
SIGNATURE Signature, typed or protect affine of registered agent.	and title if applicable. (NOTE: R	egistered Age	ent signature requi	red when reinstating) 3 - 4A - DATE		
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14. Thereby 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:

813-949-3454