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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90024 010 ***150.00

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| DOCUMENT # P98000096286 | | | | | | | |
|---|--|--|--|----------------------------------|---------------------|--|----|
| AKSHAR | INC. OF NORTH FLORIG | DA . | | | | | |
| Principal Place | e of Business | Mailing Address | | | | # 1001/100 to 101 local data and a series and a series and a series and a series and a control of the series and a | |
| RT 3. BOX 133 JASPER FL 32052 | | RT 3. BOX 133 JASPER FL 32052 | | | | DO NOT WRITE IN THIS SPACE | ~ |
| | | | | | | 3. Date incorporated or Qualifed 11/16/1998 | ĺ |
| 2. Principal P | lace of Business | 26 | | | | 4. FEI Number Applied For Not Applicable | 1 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| City & State | | City & State | ├ ─┐ | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| Zip | Country 25 | Zip 29 | Coun | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| | 9. Name and Address of Cur | rrent Registered Agent | | | | 10. Name and Address of New Registered Agent | _ |
| JASF | EL, NICK A 1, BOX 133 PER FL 32052 to the provisions of Sections 607: | 0502 and 607.1508, Florida | 82 83 84 07.1508, Florida Statutes, the above | | City | rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered | |
| agent. I ai | m familiar with, and accept the ob | ligations of, Section 607.050 | o, Florida S | iaidies. | | · | |
| Signature, typed or printed name of registered ager | | agent and title if applicable AND DIRECTORS | | gistered Agent signature require | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ┨ |
| 12. | D | DELE | | 1 TITLE | | Change Addition | ╗ |
| NAME | PATEL, NICK A | | | 2 NAME | } | | 1 |
| STREET ADDRESS | | | 13 ST | | ADORESS | | |
| CITY-ST-ZIP | JASPER FL 32052 | | 1.4 CIT | | ZIP | | 4 |
| TITLE | D | ☐ DELE | TE 2. | .1 TITLE | | Change Addition | ۱, |
| NAME | PATEL, VANITA N | | 2.2 NAME | | | [| |
| STREET ADDRESS | RT 3, BOX 133 | | 2. | 2.3 STREET ADDRESS | | : | - |
| CITY-ST-ZIP | 0/10/12/12 02002 | | 2. 4 CITY-ST-ZIP | | , Colores Colores | 4 | |
| TITLE | ☐ DELETE 3.1 | | .1 TITLE | | ☐ Change ☐ Addition | ' [| |
| NAME | AME | | | 3.2 NAME | | | J |
| STREET ADDRESS | | | | 3 3 STREET ADDRESS | | | Ì |
| CITY-ST-ZIP | | | | 3.4. CITY-ST-ZIP | | ☐ Change ☐ Addition | 7 |
| TITLE DELETE | | | | 4.1 TITLE 4.2 NAME | | | |
| NAME | | | 1 | | NODESC | | } |
| STREET ADDRESS | | | I 43 | .3 STREET A | NDUKESS] | | Ì |

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

51700 F

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1-28.99

Addition

☐ Addition

Change