PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102681

BODENS	SHA ENTERPRISES, INC.	,		_				
Principal Place of Business Mailing Address					t i 8851684 199 i Tim santr mater mater anter anter	5 Pi 19 MOIO OMOI 191	I) ((B) (88)	
2300 NW 64 AVENUE 2300 NW 64 AVENUE SUNRISE FL 33313 SUNRISE FL 33313					DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualified 12/08/1998			
2. Principal f	cipal Place of Business 2a. Mailing Address				4. FEI Number	. App	lied For]
	1 SAME 26 SAME				65-0880960	Not	Applicable]
Suite, Apt	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 A		
City & Sta	ate	City & State		-	Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	•	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible		١.
24			10		Personal Property Tax. Yes No			ľ
	9. Name and Address of Cur				10. Name and Address of New Registers	d Agent		1
			81	Name				ŀ
	OOP, BOODRAM		82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
2300 NW 64 AVENUE								1
SUNRISE FL 33313			83]
			84	City		85 Zip C	ode	1
11 Pureuso	to the amulsions of Sections 607.	0502 and 607.1508. Florida Statut	s, the above	e-named com	poration submits this statement for the purpose	of changing its r	egistered	i
l office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ata of Florida Silich channa wat di	IDRIVIZING CIV	me comorau	on's board of directors. I hereby accept the app	ointment as regi	stered	
SIGNATURE			Fleelmand & con		nd when reinstating) DATE			۱ ـ
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	K SQUEDIO (OQUIL	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	CR2E034 (11/98)
TITLE	PD	DELETE 1				☐ Change	Addition	E
NAME	SAROOP, BOODRAM	_	12 NAME		,			2
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33313		1.4 CITY-S					2
TITLE	STD	☐ DELETE	2.1 TITLE	···		☐ Change	Addition	O
NAME	SAROOP, SHAIROON		2.2 NAME					Į
STREET ADDRESS			2.3 STREET ADDRESS					1
CITY-ST-ZIP SUNRISE FL 33313			2 4 City-St-ZiP					Ĺ
TITLE		DELETE 311				Change	Addition	
NAME	į		3.2 NAME	£				
STREET ADDRESS	s		3.3 STREET	T ADDRESS				1
CITY-ST-ZIP			14. CITY-S	T-ZIP				1
muE	DELETE 4.1		4,1 MILE **			Change	Addition	
NAME			4:2 NAME					
STREET ADDRESS	s		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-51	T- ZIP				-
TITLE		☐ DELETE	5.1 TITLE	}		Change	Addition	
NAME			52 NAME					Į.
STREET ADDRESS	s		5.3 STREET	- 1				1
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-20P				ł
TITLE		☐ DELETE	6.1 TITLE	Ì	•	☐ Change	Addition	1
NAME			6.2 NAME					
			- A A ATTRECT	ADDRESS				1

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 cath; that i am an officer or director of the corporation or the receiver or instead empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90028 032 ***150.00