**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S02120** **(1)**

1. Corporation Name

**ANJLI CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| SUNSHINE TRAVEL<br>142 GRANADA BOULEVARD<br>ORMOND BEACH FL 32176 | SUNSHINE TRAVEL<br>142 GRANADA BOULEVARD<br>ORMOND BEACH FL 32176 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/07/1990 | 3a. Date of Last Report: 05/01/1995 |
| 4. FEI Number: 59-3019879 | ☐ Applied For ☐ Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

**PATEL, RANJNA K.**
**130 OLD MILL RUN**
**ORMOND BEACH FL 32174**

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (Florida Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ISHWAR, NARAN | | 1.2 NAME | | |
| STREET ADDRESS | 281 N. ATLANTIC AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BCH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DIPAK, JOBALIA | | 2.2 NAME | | |
| STREET ADDRESS | 846 RIVERSIDE DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORNOMD BCH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOHAN, BHOOLA | | 3.2 NAME | | |
| STREET ADDRESS | 1055 N. HALIFAX DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BCH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BHARTI, NARAN | | 4.2 NAME | | |
| STREET ADDRESS | 281 N. ATLANTIC AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORNOMD BCH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AMI, JOBALIA | | 5.2 NAME | | |
| STREET ADDRESS | 846 N. ATLANTIC AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BCH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SUMATI, SHOOLA | | 6.2 NAME | | |
| STREET ADDRESS | 1055 N. HALIFAX DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORNOMD FL | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** R C Patel 4/23/96 904-677-7675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)