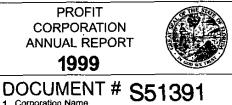
**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name RASNA, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90094 014 \*\*\*150.00



Principal Place	of Business	M	tailing Address			3 100 1010 101 01107 (1862 1510 1510 1515 01011 01011 01011 01011 01011		
3650 PHILLIPS HWY JACKSONVILLE FL 32207			3560 PHILLIPS HWY JACKSONVILLE FL 32207 US			DO NOT WRITE IN THIS SPACE		
		00	,			3. Date Incorporated or Qualifed		
1	•					05/06/1991		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For		
21		26				59-3062791 Not Applicable		
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired Fee Required		
City & State		28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip		'	Country		This corporation owes the current year Intangible		
24 25 29		30			Personal Property Tax. Yes No			
<del></del>	9. Name and Address of Curren	t Regi	stered Agent	81	Mana	10. Name and Address of New Registered Agent		
PEPER, RICHARD C. JR					Name	·		
3030 HARTLEY RD			•		Street A	Address (P.O. Box Number is Not Acceptable)		
STE 300		٠.						
JACKSONVILLE FL 32257				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. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered ager OFFICERS AN			13.	it signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	D OFFICERS AIN	אום טות		I.1 TITLE		Change Addition		
NAME	DESAI, SANGITA R.		1	1.2 NAME	Ì			
STREET ADDRESS	10202 HEATHER GLEN DR.		1	I.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1	I.4 CITY-S	T-ZIP			
TITLE	P		☐ DELETE :	2.1 TTLE		☐ Change ☐ Addition		
NAME	DESAI, SANGITA R.		2	2.2 NAME				
STREET ADDRESS	10202 HEATHER GLEN DR.		[3	2.3 STREE	TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CITY-5	st-ZiP	☐ Change ☐ Addition		
TITLE	VST -			3.1 TITLE		Change Addition		
NAME	DESAI, RAJ			3.2 NAME	- 4000			
STREET ADDRESS	10202 HEATHER GLEN DR.				TADORESS	5		
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-S	51-ZIP	Change Addition		
TITLE NAME			_	4. 2 NAME		_ , _		
STREET ADDRESS					T ADDRESS	3		
CITY-ST-ZIP				4.4 CITY-S				
TITLE				5.1 TITLE		☐ Change ☐ Addition		
NAME			<b>[</b> :	5.2 NAME				
STREET ADDRESS				5.3 STREE	TADDRESS	5		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE				6.1 TITLE		Change Addition		
NAME	<u> ~</u>	•	B.	6.2 NAME				
STREET ADDRESS	Ì		<u> </u>	6.3 STREE	T ADDRESS	5)		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP