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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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(8)

PRIYESH CORPORATION Principal Place of Business Mailing Address 2809 E SILVER SPGS BLVD P.O. BOX 275 SILVER SPRINGS FL 34489-0275 OCALA FL 34470 US IIS. 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1991 01/31/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3067902 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BELLEVILLE & PATEL P.A. 237 N. WESTMONTE DRIVE Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Ď DELETE Change ■ Addition 1.1 TITLE TITLE PATEL JOSNA 12 NAME NAME 2E034 5440 E. SILVER SPRINGS B 1.3 STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 1.4 CITY - ST - ZIP CFT r - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE PATEL, RASHIKLAL G. **2.2 NAME** NAVE 5440 E. SILVER SPRINGS B STREET ADDRESS 2.3 STREET ADDRESS SILVER SPRINGS FL 2. 4 CITY - ST-ZIP C 11-ST-ZIP DELETE __ Change Addition 3.1 TITLE TILE 3.2 NAME NUMBER 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition tite: 4.1 TITLE NAVE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 City-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5 1 TiTLE TIT_E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY - ST - ZIP CITY ST-ZIP DELETE 6.1 TITLE Change Addition TILF 6.2 NAME NAME: 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do 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 12 if changed, or on an attachment with an address.

RASHIKLAL G. PATEL 1/21/1999 (352)2362086