SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71903** **(6)**

1. Corporation Name

OMKARA SHANTI, INC.

Principal Place of Business	Mailing Address
12850 STATE ROAD 84 BOX 6-7 DAVIE FL 33325	12850 STATE ROAD 84 BOX 6-7 DAVIE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 151 Riverside Drive	26 151 Riverside Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Canaveral, FL	City & State 28 Cape Canaveral, FL
Zip 24 32920 Country 25 USA	Zip 29 32920 Country 30 USA

4. FEI Number: 65-0284989 ☐ 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

9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WANDLAND, KATHERINE
12850 STATE ROAD 84
BOX 6-7
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: Harris, Victor B.
82 Street Address (P.O. Box Number is Not Acceptable): 151 Riverside Drive
83
84 City: Cape Canaveral FL 85 Zip Code: 32920

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: Victor B. Harris DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	STEVENS, SUZI R.	12 NAME		
STREET ADDRESS	12850 STATE ROAD 84	13 STREET ADDRESS	151 Riverside Drive	
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	Cape Canaveral, FL. 32920	
TITLE	VST	21 TITLE	VST	☒ Change ☐ Addition
NAME	WANDLAND, KATHERINE	22 NAME	Harris, Victor B.	
STREET ADDRESS	12850 STATE ROAD 84	23 STREET ADDRESS	151 Riverside Drive	
CITY ST ZIP	DAVIE FL	24 CITY ST ZIP	Cape Canaveral, FL 32920	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	WANDLAND, KATHERINE	32 NAME	Harris, Victor B	
STREET ADDRESS	12850 STATE ROAD 84	33 STREET ADDRESS	151 Riverside Drive	
CITY ST ZIP	DAVIE FL	34 CITY ST ZIP	Cape Canaveral, FL 32920	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Suzi R. Stevens Suzi R. Stevens, Pres. 7/25/95 (407) 790-1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082022 CP