FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED		
COF ANNI	PROFIT PROPORATION PROPORATION PROPORATION PROPORATION PROPORATION Sandra B. N Secretary of Division of Core		Mortham of State	Apr 13 1998 8:00an Secretary of State			
DOCU 1. Corporation		79325	(4)		\$ 18011010 UL 10010 LB130 (1)10 ULB0	DVI ALBII BIAN DIDNI BIRNI BIR	11 0 10 12 16 0 1
Principal Plac	no of Dunings		S. Baldana				
Principal Place of Business Mailing Address 110 WOODSTREAM CT MAITLAND FL 32751 4579 MAITLAND FL 32751 4579 MAITLAND FL 32751 4579					DO NOT WRITI	E IN THIS SPACE	
,					3. Date Incorporated or Qualified 09/09/1991		
— /1	Place of Business	/4-/0	Mailing Address	and live	4. FEI Number		plied For
Suite, Apt.	N. ORLANDS	10E 26	Suite, Apt. #, etc.		59-3067668	\$9.75	ot Applicable Additional
22 City & Stat	10.	27	City & State /		5. Certificate of Status Desired	Fee Re	squired
23 W (N	TER PARIC,	F- L 28	Winter Hard	e, Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 3 2	-789 Country	A 29	Zip 32789	Country S/A	This corporation owes or has p Personal Property Tax due Juni		angible No
	9, Name and Addres	11			10. Name and Address of New R	egistered Agent	
	łagat, Kalpana B O woodstbeam Ct.			81 Name	HAGAT KALPAN	19	
	AITLAND FL 32751			82 Street Add	dress (P.O. Box Namber is Not Accepta	Olverne	
:				83	. 12 0		
				84 City (when targe	FL 85 372	53399
11. Pursuant office or i agent. I a	to the provisions of Section registered agent, or both, am familiar with, and according to the control of the c	ons 607.0502 and 60 in the State of Floric pt the obligations of	07.1508, Florida Statute la Such change was ai , Section 607.0504, Flor	s, the above-named cor uthorized by the corpora ida Statutes.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing it pt the appointment as	s registered registered
12.	Signature typild or printed name of	Fregistered AD and tille		Registered Agent signature requ	oired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	OCINI 40
TITLE	DPS		DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFI	Change	Addition
NAME	BHAGAT, KALPANA	TOT QUI N	, Oxlander	A1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	MAITLAND FL	Will Will	Delander	1.3 STREET ADDRESS 1.4 City-St-Zip			
TITLE		<u> </u>	DELETE	2.1 THILE		Change	Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP .			DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME				3.2 NAME		_ •	
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change	Addition
NAME			DLLCTL	4.1 TITLE 4. 2 NAME		Criange	
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		,	
TITLE			☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME Street address				5.2 NAME			
CITY-ST-ZIP	1			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			

14. Thereby 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.

SIGNATURE:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS