FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S85234

(0)

SARDEL INC.

Principal Place of Business

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State

111 WEST FORTUNE ST. GIFT SHOP HOLIDAY INN TAMPA FL 33602		111 WEST FORTUNE ST. GIFT SHOP HOLIDAY INN TAMPA FL 33602		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1991	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		59-3079148	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	This corporation owes or has paid the cu Personal Property Toy due, type 20.	rrent year Inlangible Yes
24	25 g. Name and Address of Cu		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	<u> </u>
RI Nama					
Dembla, amar % gift shop holiday inn			B2 Street A	Address (P.O. Box Number is Not Acceptable)	
111 W. FORTUNE ST.			Street 7	address (1.6. Box Number is Not Acceptable)	
TAMPA FL 33602			B 3		
			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 Statutos.					
SIGNATURE					
Signatore	Signature, typind or printed name of registere		Registered Agent signature		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE	MRS SAPNA DEMBLA		1.1 TITLE 1.2 NAME		L'I Onange L Adamon
NAME STREET ADDRESS	16506 NORWOOD DR		1.3 STREET ADDRESS		
City-St-ZiP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	A	DELETE	2.1 THILE		Change Addition
NAME	MR AMAR DEMBLA		2.2 NAME		
STREET ADDRESS	16506 NORWOOD DR		2.3 STREET ADDRESS		
CITY-ST-7IP	TAMPA FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		Change Addition
TITLE		DECETE	4.1 10TLE		E Change E Adouton
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7HP TITLE		☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		ب مددار	52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST ZIP			5 4 CITY-S1-ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME		-	6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-7IP			6.4 CI1Y - ST - ZIP		
44	- Alf the the state of the stat	at with this thus done not qualify for		d in Section 119.07(3Vi). Florida Statutos I further o	ortify that the information

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 eath; 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

Hus 6.

(AMAR DEMBLA)

4148