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

PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)LOTUS, INC. Principal Place of Business Mailing Address C/O PRAFUL PATEL C/O PRAFUL PATEL 2800 N. MONROE STREET 2800 N. MONROE STREET TALLAHASSEE FL TALLAHASSEE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SAME AS SAME 26 59-3112108 AROVE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \boxtimes 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAUHAN, PRAVIN 333 MIRACLE STRIP PKWY. S.W. Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. TITLE ☐ DELETE 111TF Change CHAUHAN, PRAVIN NAME 12 NAME 33 MIRACLE STRIP PKY. SW STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change ☐ Addition PATEL, PRAFUL NAME 2.2 NAME 2800 N. MONROE ST. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE SINGLA, MALTI 3.2 NAME 9409 RENWOOD CIR. STREET ADDRESS 3.3 STREET ADDRESS KNOXVILLE TN CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 seport 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 repetitor of twister 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 analysis of the same legal effect as if made under oath; that I am an officer or director of the corporation or the repetition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental

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SIGNATURE:

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