

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V09052 (4)
1. Corporation Name
HARSIDDHY, INC.



Principal Place of Business Mailing Address
D/B/A SEVEN STARS DISCOUNT BEV. & FOOD D/B/A SEVEN STARS DISCOUNT BEV. & FOOD
2027 PIONEER TRAIL 2027 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 17 STARS DISCOUNT BEV & FOOD	26 17 STARS DISCOUNT BEV & FOOD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 2005 W. MAIN ST.	27 2005 W. MAIN STREET		
City & State	City & State		
23 LEESBURG FL	28 LEESBURG FL		
Zip	Country	Zip	Country
24 34748	25	29 34748	30

3. Date Incorporated or Qualified	
01/17/1992	
4. FEI Number	Applied For
59-3112388	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PATEL, BHAGWANDAS 2027 PIONEER TRAIL NEW SMYRNA BEACH FL 32168		81 Name PATEL BHUPENDRA	
		82 Street Address (P.O. Box Number is Not Acceptable) 2005 W. MAIN STREET	
		83	
		84 City LEESBURG FL 85 Zip Code 34748	

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]* 01-3-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	PATEL, BHAGWANDAS	1.2 NAME	PATEL BHUPENDRA
STREET ADDRESS	2027 PIONEER TRAIL	1.3 STREET ADDRESS	2005 W. MAIN ST
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	V	2.1 TITLE	V
NAME	PATEL, BHARAT	2.2 NAME	PATEL MANJULA
STREET ADDRESS	2027 PIONEER TRAIL	2.3 STREET ADDRESS	2005 W. MAIN ST
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D	3.1 TITLE	
NAME	PATEL, ASMITA	3.2 NAME	
STREET ADDRESS	2027 PIONEER TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 *[Signature]* B.C. PATEL 01-03-98 30-22K-2490

CR2E034 (10/97)