COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Sep 14, 1999 8:00 am Secretary of State 09-14-1999 90003 035 ***150.00

FILED

1999

OCUMENT # V09264

KIRIA, INCORPORATED

ncipal Place of Business

3 34TH ST., SOUTH . PETERSBURG FL 33711-1325		275 34TH ST., SOUTH ST. PETERSBURG FL 337t1-1325					DO NOT WRITE IN THIS SPACE						
								3. Date incorporated or Qualified 01/24/1992		<u> </u>			
Principal Place of Business			a. Mailing Address					4. FEI Number		-T	Applie	ed For	
·		26						59-3104638 Not Applical				pplicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional Fee Required					
City & State			City & State				Election Campaign Financing Trust Fund Contribution	• • • • • • • • • • • • • • • • • • • •					
Zip	Country 25)	29	Zip	30 Cot	untry			8. This corporation owes the current year Intangible Personal Property. Yes No					
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
	44 1/40/7				81	Name							
KANA, KIRIT			•		82	Street	Addres	Address (P.O. Box Number is Not Acceptable)					
	34TH ST., SOUTH				Street Address (F.O. Dox Normber is Not Acceptable)				,				
51.	PETERSBURG FL 33711-1325				83	3							
					84	City	•		FL	85	Zip Cod	fe	
office or I	to the provisions of sections 607.050 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Flori	da. Such change was a	authorize	d bv	the corp	corpora	tion submits this statement for the pu 's board of directors. I hereby accep	rpose of cha	anging itment	its regist	tered tered	
NATURE .		and sales in	f and the state of the	TE: Bosiste	arod A		- roquira	d when reinetahne)	DATE	——			
Signature, typed or printed name of registered agent and title if applicable. (NOT: OFFICERS AND DIRECTORS				Registered Agent signature requi			ADDITIONS/CHANGES TO OFF		D DIRE	CTORS	IN 12		
. 1	DPT		DELETE		1.1 TITLE				ſ	Cha		Addition	
_	KANA, KIRIT			1.2 N	1.2 NAME				_			_	
ET ADDRESS	275 34TH STREET, SOUTH			1,3 \$1	1.3 STREET								
ST-ZIP	ST. PETERSBURG FL				TY-ST								
Ξ.	DV		DELETE	2.1 TI	TLE					Cha	nge	Addition	
E	KANA, BHOWAN PEMA			2.2 N	AME				_		<u> </u>	=	
ET ADDRESS	275 34TH STREET, SOUTH			2.3 \$1	REET	ADDRESS							
ST-ZIP	ST. PETERSBURG FL	_		2.4 CI	TY-ST	ZIP			- **				
.	DS		DELETE	3.1 TI	TLE					Cha	nge 🗌	Addition	
Ε	DIAH, BHULA D.		3.2 N	3.2 NAME									
ET ADDRESS 2327 DESOTO WAY, SOUTH			3.3 ST	3.3 STREET ADDRESS									
ST. ZIP ST. PETERSBURG FL				3.4 CI	3.4 CITY-ST-ZIP								

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 chapted, or on an attachment with an address.

4.1 TITLE

4.2 NAME

5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP 5.1 TITLE

ET ADDRESS

ET ADDRESS

ET ADDRESS

ST-ZIP

ST-ZIP

DELETE

DELETE

DELETE

9-10-99

727-327-4000

Change

__ Change

Change

Addition

___ Addition

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-	614936-90	003-35
	9.10.9	
	DIVISION DE CORPORATIONS KIRIA INC	. dba.
·	annua Leropis Finne Inn On 1.	to the
	P.O.Box 1500 275-34th S	1 So
	TAMAMASEE . FL. 32302-1500 SI, GETE.	Tu 33711
	727-327-4	t000 .
·		
	To Whom IT MAN CONCERD.	
,	To the best of my knowledge, I had never re	rcievel
	the first Notice for filling fee for Corporation. I	am kindly
	the first Notice for filling fee for Corporation. I requesting, If I could be excused from paying	the
'	said penally. I have enclosed a check for \$150.00	45
	lave coused any inconvence, please excuse me.	
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-	Manking Jou.	•
		H
;	Simil of ang	Apra.
	PRESIDENT.	
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