## 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 #
1. Corporation Name
S & I SINGH, INC.

(4)

**FILED** Feb 05 1998 8:00am Secretary of State

3013						A 1887 ANDRE CERT BRITE PRINT PRINT CON PIRE BIRTH	
Principal Place	o of Business	Mailing Addre	988				
749 S.E. 17TH ST. 749 S.E. 17TH ST.							
FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 3333							
						DO NOT WRITE IN THIS SPACE	_
						3. Date incorporated or Qualified 01/31/1992	
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number Applied For	ᅱ
21		26	<del>  </del>			65-0314203 Not Applicab	ıle
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	$\neg$
22		27	· <u> </u>			Fee Required	
City & State	e e e e e e e e e e e e e e e e e e e	City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	···		-, · · · · ·	Trust Fund Contribution	_
Zip	Country	Zφ	<b>├</b> ──			8. This corporation owes or has paid the current year intangible	
24	25 9. Name and Address of C	29	30		<del></del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
CIA	<del></del>	attent veficien vitan		81	Name	· · · · · · · · · · · · · · · · · ·	
	IGH, SISNARAINE					,	
	S.E. 17TH ST.			82	Street A	t Address (P.O. Box Number is Not Acceptable)	٦
FI,	LAUDERDALE FL 33316			83			$\dashv$
	,				_		J
				84	City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508, Flo	orida Statutes, th	e above	-named c	d corporation submits this statement for the purpose of changing its registere	ᆔ
office or re	egistered agent, or both, in the manual second the	State of Florida. Such che obligations of Section 60	ange was autho 17.0505. Elorida	rized by Statutes	the corpo	rporation's board of directors. I hereby accept the appointment as registered	
-	THE PRINCE THE PROPERTY OF	obligationa bi, oddion be	, , bobb, i londa	Diamice	•		
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable	(NOTE Flugi	slored Age	nt signature re	re required whon reinstating) DATE	.
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT CIONAGAME		DELETE	1.1 TITLE		Change Addition	Jn ∤
NAME	SINGH, SISNARAINE		ļ ·	1.2 NAME	l		1
STREET ADDRESS	749 S.E. 17TH ST.			1.3 STREET			-
CITY-ST-ZIP	FT. LAUDERDALE FL. VS. DELETE			1.4 CITY - ST - ZIP			_
TITLE	VS DELETE SINGH, INDRANIE			2.1 TITLE		Change Addition	^
NAME	749 S.E. 17TH ST.			22 NAME			- 1
STREET ADDRESS	FT. LAUDERDALE FL			2.3 STREET			-
CITY-ST-ZIP TITLE	MD	···		2. 4 CITY - S 3.1 TITLE	T- ZIP	Change Addition	爿
NAME !	SINGH, DEVENDRA	L		3.1 HILE 3.2 NAME		Change Roulli	"
STREET ADDRESS	2301 NW 87 AVE			3.3 STREET	ADBBECC		
CITY+ST-ZIP	SUNRISE FL			3.4. CITY - S			- 1
TITLE				1.1 TITLE	1-21	Change Addition	ᆐ
NAME		_	4	1. 2 NAME			
STREET ADDRESS				1.3 STREET	ADDRESS		
CITY-ST-ZIP			1	1.4 CITY - S			
TITLE			5.1 TITLE		Change Addition	'n	
NAME				5.2 NAME	}	,	1
STREET ADDRESS			5	3.3 STREET	ADDRESS	1	
CITY-ST-ZIP				5.4 CITY-S	- ZIP		
TITLE			DELETE 6	5.1 11TLE		☐ Change ☐ Addition	n
NAME			6	5.2 NAME			
STREET ADDRESS			6	5.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4 CITY - ST			
44   hereby c	artifu that the information europi	ad with this filing does no	at avalify for the	auamnt	inn atatad	ad in Section 110 07/3(ii) Florida Statutes. I further certify that the information	7

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 informatio 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 any trachyport with its address.

SIGNATURE:

984-764-788