

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 14 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37641

(0)

1. Corporation Name

ANAND ENTERPRISE, INC.

700001514997
-06/16/95--01032--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 8111 S. DIXIE HWY. W. PALM BCH. FL 33405 US		Mailing Address 8111 S DIXIE HWY WEST PALM BEACH FL 33405	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	
3. Date Incorporated or Qualified 05/14/1992			
3a. Date of Last Report 07/26/1994			
4. FEI Number 65-0343087			
Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANANDKUMAR, PATEL D 8111 S. DIXIE HWY. W. PALM BCH. FL 33405				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				11 TITLE ☐ Change ☐ Addition			
NAME				12 NAME			
STREET ADDRESS				13 STREET ADDRESS			
CITY - ST - ZIP				14 CITY - ST - ZIP			
TITLE				21 TITLE ☐ Change ☐ Addition			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY - ST - ZIP				24 CITY - ST - ZIP			
TITLE				31 TITLE ☐ Change ☐ Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE				41 TITLE ☐ Change ☐ Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE				51 TITLE ☐ Change ☐ Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE				61 TITLE ☐ Change ☐ Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Anand Patel 6-5-95 (407) 547-0478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature 1/Name 2)

CR2E034 (3/95)