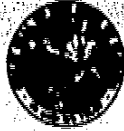


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45329 (2)

1. Corporation Name

929 WEST COLONIAL, INC.

Principal Place of Business

**5401 KIRKMAN RD.
STE. 525
ORLANDO FL 32819
US**

Mailing Address

**5401 KIRKMAN RD.
STE. 525
ORLANDO FL 32819
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

07/28/1994

4. FEI Number

59-3133008

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

2. Principal Place of Business

21 736 LEE ROAD

2a. Mailing Address

25 736 LEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO

City & State

27 ORLANDO

Zip

24 32810

Country

25 ORANGE

Zip

29 32810

Country

30 US

9. Name and Address of Current Registered Agent

**GUPTA, SURESH K
929 WEST COLONIAL DR
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name GUPTA, SURESH K

82 Street Address (P.O. Box Number is Not Acceptable)

736 LEE ROAD

83 0

84 City ORLANDO

FL

85 Zip Code 32810

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, if applicable.

SURESH K. GUPTA

2-7-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME AGGARWAL, BRAHAM R.
STREET ADDRESS 929 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL**

**TITLE VST
NAME GUPTA, SURESH K
STREET ADDRESS 929 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE TVD
1.2 NAME AGGARWAL, BRAHAM R.
1.3 STREET ADDRESS 5401 KIRKMAN RD SUITE 525
1.4 CITY-ST-ZIP ORLANDO FL 32819** ☒ Change ☐ Addition

**2.1 TITLE PST
2.2 NAME GUPTA, SURESH K.
2.3 STREET ADDRESS 736 LEE ROAD
2.4 CITY-ST-ZIP ORLANDO FL 32810** ☒ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP** ☐ Change ☐ Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-95

DATE

407 647 1112

DAYTIME PHONE #