FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90106 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

D	OCL	JME	NT	# \	/63	367	7
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1. Corporation Name RONIKH, INC.

Principal Place of Busin	ness
TOC C DILLADO OT	

Mailing Address

705 S DILLARD WINTER GARDE		705 S DILLARD ST Winter Garden FL 34787							
						DO NOT WR	ITE IN THIS	SPACE	
						 Date Incorporated or Qualified 09/14/1992 			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For
		26				59-3140980		Not	Applicable
Suite, Apt. #	£ etc	- Suite, Apt. #, etc.						\$8.75 A	dditional
27						5. Certificate of Status Desired		Fee Re	quired
City & State	•	City & State				6. Election Campaign Financing	• П	\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the cur	rent year Inta		_
24	25 29 30					Personal Property Tax.		Yes	□ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered /	gent	
			ŧ	81	Name				
PATE	L, PRABODH C		L.		<u> </u>	(2.0.5.)	- k l - \		
815 (ORIENTA AVE		1	82	Street Addi	ress (P.O. Box Number is Not Accept	able)		
SUITI			<u> </u>	83					
	MONTE SPRINGS FL 32701								
VEIV	MONTE SPRINGS LE SEZOT		[1	84 (City		FL	85 Zip C	ode
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the abo	ove-n	named corp	poration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State o	if Florida. Such change was auti	norized i	by the	e corporation	on's board of directors. I hereby acce	pt the appoir	tment as reg	istered
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statut	les.					
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent		13.	Agent si	ignature require	ad when reinstating) ADDITIONS/CHANGES TO OF		D DIDECTO	DS IN 12
12.	OFFICERS AND					ADDITIONS/CHANGES TO OF	LICENS AN	☐ Change	Addition
TITLE	D	☐ DELETE	1.1 TITL	Ŀ				Change	
NAME	LIMBACHIA, ASHOK-KUMAR		1.2 NAM	Æ					j
STREET ADDRESS	331 COBLE DR.		1.3 STR	REET AL	DDRESS				}
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 C(T)	Y-ST-Z	ZIP				
TITLE		☐ DELETE	2.1 TITL	E,				Change	Addition
NAME			2.2 NAM	ΛE					
					DDRESS -				
STREET ADDRESS							•	• /	.
CITY-ST-ZIP		C acter	2. 4 CiT		ZIP	•		Change	Addition
TITLE		DELETE	3.1 TITL	E				□ Change	L Addition
NAME			3.2 NAM	Æ	- 1				
STREET ADDRESS			3.3 STR	REET AL	DDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETE	4.1 TITL	E				Change	☐ Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			i i		DDRESS				!
			4.4 CITY						ļ
CITY-ST-ZIP		☐ DELETE	5.1 TITL		ur .			Change	. Addition
TITLE		C DEEL IE	5.1 HA						
NAME					000000				İ
STREET ADDRESS			li .		DDRESS	*			1
CITY-ST-ZIP			5.4 CITY		ZIP				
TITLE		☐ DELETE	6.1 TTL	E				☐ Change	Addition
NAME			6.2 NAM	νE					
STREET ADDRESS			6.3 STR	REETAL	DDRESS				Ì
OFF. OF 210			64 CIT	Y-ST-7	7IP				

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 on an attachment with an address, with all other like empowered.

SIGNATURE: