

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000030227 (0)**

1. Corporation Name  
**JAI AMBAY, INC.**



Principal Place of Business: **2102 NE 36TH AVE. Ocala FL 34470**  
Mailing Address: **2102 NE 36TH AVE. Ocala FL 34470**

3. Date Incorporated or Qualified: **04/19/1994**  
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business: **2102 NE 36th AVE**  
2a. Mailing Address: **2102 NE 36th AVE**  
22. Suite, Apt. #, etc.: **2102 NE 36th AVE**  
27. Suite, Apt. #, etc.: **2102 NE 36th AVE**  
23. City & State: **Ocala Florida**  
28. City & State: **Ocala Florida**  
24. Zip: **34470**  
25. Country: **MARION**  
29. Zip: **34470**  
30. Country: **MARION**

4. FEI Number: **59-3234581**  
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  
**PATEL, KUNJBALA C  
2102 NE 36TH AVE.  
OCALA FL 34470**

10. Name and Address of New Registered Agent  
81. Name: **PATEL NILA**  
82. Street Address (P.O. Box Number is Not Acceptable): **2102 NE 36th AVE**  
83. City: **Ocala**  
84. City: **Ocala**  
85. Zip Code: **FL 34470**

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: *N. Patel*

Signature, typed or printed name of registered agent (if not a natural person)

(If different from registered agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>DPT</b>		
NAME	<b>PATEL, NILA</b>		
STREET ADDRESS	<b>2102 NE 36TH AVE.</b>		
CITY - ST - ZIP	<b>OCALA FL 34470</b>		
TITLE	<b>VTD</b>		
NAME	<b>PATEL, HASMUKH</b>		
STREET ADDRESS	<b>2102 NE 36TH AVE.</b>		
CITY - ST - ZIP	<b>OCALA FL 34470</b>		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

*Bank deposit \$200.00*

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: *N. Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day: Phone #

CR2E034 (12/95)