

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:40

DOCUMENT # P94000055626 (3)

1. Corporation Name
THE VARMA GROUP, INC.

Principal Place of Business Mailing Address
**1000 ISLAND BLVD., SUITE 2404
WILLIAMS ISLAND FL 33160** **1000 ISLAND BLVD., SUITE 2404
WILLIAMS ISLAND FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/27/1994** 3a. Date of Last Report **N.A.**

2. Principal Place of Business 2a. Mailing Address
21 **5217 FAIRWAY OAKS DR.** 26 **5217 FAIRWAY OAKS DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0509855** Applied For
Not Applicable

22 City & State 27 City & State
WINDERMERE FL. **WINDERMERE FL.**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 Zip 24 Country 25 28 Zip 29 Country 30
34786 **ORANGE** **34786** **ORANGE**

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

**VARMA, JOHANNA
1000 ISLAND BLVD., SUITE 2404
WILLIAMS ISLAND FL 33160**

81 Name **JOHANNA VARMA**
82 Street Address (P.O. Box Number is Not Acceptable)
5217 FAIRWAY OAKS DRIVE
83
84 City **WINDERMERE** FL 85 Zip Code **34786**

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 *Johanna Varma* **JOHANNA VARMA** **4.5.95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **VARMA, JOHANNA**
STREET ADDRESS **1000 ISLAND BLVD., SUITE 2404**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **5217 FAIRWAY OAKS DRIVE**
1.4 CITY-ST-ZIP **WINDERMERE FL. 34786**

TITLE **D**
NAME **VARMA, SANJAY**
STREET ADDRESS **1000 ISLAND BLVD., SUITE 2404**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **5217 FAIRWAY OAKS DR.**
2.4 CITY-ST-ZIP **WINDERMERE FL. 34786**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE: *Johanna Varma* **JOHANNA VARMA** **4.5.95** **407-876-7705**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Phone #)