

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 17 PM 11:08

DOCUMENT # S94836 (1)

1. Corporation Name
RAMOUTAR, INC.

Principal Place of Business
**1222 EAST COLONIAL DRIVE
ORLANDO FL 32803**

Mailing Address
**1222 EAST COLONIAL DRIVE
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/18/1991

3a. Date of Last Report
02/15/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3093908		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAMOUTAR, CHAITRAM 1222 EAST COLONIAL DRIVE ORLANDO FL 32803				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P RAMOUTAR, CHAITRAM 1222 A. E. COLONIAL DR ORLANDO FL	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	22 NAME		
	23 STREET ADDRESS		
	24 CITY - ST - ZIP		
	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	32 NAME		
	33 STREET ADDRESS		
	34 CITY - ST - ZIP		
	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	42 NAME		
	43 STREET ADDRESS		
	44 CITY - ST - ZIP		
	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	52 NAME		
	53 STREET ADDRESS		
	54 CITY - ST - ZIP		
	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	62 NAME		
	63 STREET ADDRESS		
	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 19.07(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: *Chaitram Ramoutar* **CHAITRAM RAMOUTAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95 (407) 896-7179
(Date) (City) (State) (Phone)