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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86799

(1)

1. Corporation Name

95 INVESTMENTS, INC.

Principal Place of Business

**5 NORTH COCOA BLVD.
COCOA FL 32922
US**

Mailing Address

**5 NORTH COCOA BLVD
COCOA FL 32922
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

03/30/1994

4. FEI Number

59-3088919

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 7 N Cocoa Blvd

Suite, Apt. #, etc.

22

City & State

23 Cocoa FL

Zip

24 32922

Country

25

2a. Mailing Address

26 7 N Cocoa Blvd

Suite, Apt. #, etc.

27

City & State

28 Cocoa FL

Zip

29 32922

Country

30

9. Name and Address of Current Registered Agent

**MANU, R. AMIN
1845 RAMBLING RIDGE LANE
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **AMIN, MANU**
STREET ADDRESS **1845 RAMBLING RIDGE LANE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **DVP**
NAME **SHAH, MAHESH**
STREET ADDRESS **1845 RAMBLING RIDGE LANE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **DS**
NAME **SHAH, RASHMI**
STREET ADDRESS **1845 RAMBLING RIDGE LANE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **DAS**
NAME **AMIN, SUMEDHA**
STREET ADDRESS **1845 RAMBLING RIDGE LANE**
CITY - ST - ZIP **JACKSONVILLE FL**

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 ☐ Change ☐ Addition

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

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 on an attachment with an address.

SIGNATURE:

Manu R. Amin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95
(Date)

407-631-0245
(Telephone #)