

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H10151** (9)

1. Corporation Name

BABU INVESTMENTS INCORPORATED



Principal Place of Business

% **STEPHEN L. MILLER**
2203 US 27 NORTH
LAKE PLACID FL 33852

Mailing Address

% **STEPHEN L. MILLER**
2203 US 27 NORTH
LAKE PLACID FL 33852

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
06/26/1984

3a. Date of Last Report
03/06/1995

4. FEI Number
59-2432527

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

MILLER, STEPHEN L.
2203 US 27 NORTH
LAKE PLACID FL 33852

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 by registered agent or officer and agent of the corporation)

(NOTE: Registered Agent's name must be typed in block)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD MAHAL, N. S.**
STREET ADDRESS **2203 US 27 NORTH**
CITY-STATE-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME **S MILLER, STEPHEN L.**
STREET ADDRESS **2203 US 27 NORTH**
CITY-STATE-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME **TD MAHAL, G. S.**
STREET ADDRESS **2203 US 27 NORTH**
CITY-STATE-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. MILLER
SECRETARY

3/8/96

941-465-1234

Office Phone #

CR2E034 (12/95)