FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004200 (9)

RATAN ENTERPRISES, INC.

Principal Place of Business 182 TOPANGA DR. BONITA SPRINGS FL 33923		Mailing Address 192 TOPANGA DR. BONTA SPRINGS FL 34134-8544			
:	00 16 0000	BOHITA SERMOS FE SAIS	740,944	3. Date Incorporated or Qualified 08/16/1996	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		43-1123560	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z(p)	Country 30		es 🔀 No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	tered Agent
PATEL, THAKOR M 192 TOPANGA DR. BONITA SPRINGS FL 33923			81 Name82 Street Ad83	ress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
SIGNATURE	am familiar with, and accept the obliga	nt and title if applicable (NO	IE: Rogistored Ageni signature req		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PSTD THAKOD	DELETE	1.1 TITLE		Change Addition
NAME	PATEL, THAKOR 192 TOPANGA DR.		1.2 NAME		
STREET ADDRESS	BONITA SPRINGS FL 33923		13 STREET ADDRESS		
CITY-ST-ZIP	VD	DELETE	14 CITY - ST - 7IP		Change Addition
NAME	PATEL, BHANU		2.2 NAME		<u> </u>
STREET ADDRESS	192 TOPANGA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2 4 CITY - ST - ZIP		
TITLE	,	DELETE	3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-S1-7IP		Change Addition
NAME		Fi ptreit	4.1 TITLE 4. 2 NAME		FT OURTRE FT MUNICILI
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DFLETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

63 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

OLONIATURE.

TITLE

NAME

STREET ADDRESS

010

11.000

Au Hen 200

Change

Addition

FILED

Apr 18 1997 8:00am

Secretary of State