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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G23852** (8)
1. Corporation Name
ARORA INVESTMENT SERVICES, INC.



Principal Place of Business: % HARI S. ARORA
5106 LANAI WAY
TAMPA FL 33624
Mailing Address: % HARI S. ARORA
5106 LANAI WAY
TAMPA FL 33624-2537

3. Date Incorporated or Qualified: 02/14/1983
3a. Date of Last Report: 02/15/1996
4. FEI Number: 59-2334173
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: [x] Yes [] No

9. Name and Address of Current Registered Agent: ARORA, HARI S.
5106 LANAI WAY
TAMPA FL 33624
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0632 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|------------|---|-------------------------|
| TITLE: DP | [] DELETE | 11 TITLE | [] Change [] Addition |
| NAME: ARORA, HARI S | | 12 NAME | |
| STREET ADDRESS: 5106 LANAI WAY | | 13 STREET ADDRESS | |
| CITY-STATE-ZIP: TAMPA, FL 00000 | | 14 CITY-STATE-ZIP | |
| TITLE: [] DELETE | | 21 TITLE | [] Change [] Addition |
| NAME: [] DELETE | | 22 NAME | |
| STREET ADDRESS: [] DELETE | | 23 STREET ADDRESS | |
| CITY-STATE-ZIP: [] DELETE | | 24 CITY-STATE-ZIP | |
| TITLE: [] DELETE | | 31 TITLE | [] Change [] Addition |
| NAME: [] DELETE | | 32 NAME | |
| STREET ADDRESS: [] DELETE | | 33 STREET ADDRESS | |
| CITY-STATE-ZIP: [] DELETE | | 34 CITY-STATE-ZIP | |
| TITLE: [] DELETE | | 41 TITLE | [] Change [] Addition |
| NAME: [] DELETE | | 42 NAME | |
| STREET ADDRESS: [] DELETE | | 43 STREET ADDRESS | |
| CITY-STATE-ZIP: [] DELETE | | 44 CITY-STATE-ZIP | |
| TITLE: [] DELETE | | 51 TITLE | [] Change [] Addition |
| NAME: [] DELETE | | 52 NAME | |
| STREET ADDRESS: [] DELETE | | 53 STREET ADDRESS | |
| CITY-STATE-ZIP: [] DELETE | | 54 CITY-STATE-ZIP | |
| TITLE: [] DELETE | | 61 TITLE | [] Change [] Addition |
| NAME: [] DELETE | | 62 NAME | |
| STREET ADDRESS: [] DELETE | | 63 STREET ADDRESS | |
| CITY-STATE-ZIP: [] DELETE | | 64 CITY-STATE-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.

SIGNATURE: Hari S. Arora 3-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)