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Apr 24 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 # H02773

(0)

1. Corporation Name

ARAMI ENTERPRISES, INC.



Principal Place of Business

110 W. TARPON AVE
TARPON SPRINGS FL 34689

Mailing Address

110 W. TARPON AVE
TARPON SPRINGS FL 34689-3434

3. Date Incorporated or Qualified
05/09/1984

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 4021 JENITA DR

2a. Mailing Address

26 4021 JENITA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

PALM HARBOR

27 City & State

PALM HARBOR

23 Zip

34685

Country

25 PINELLAS

28 Zip

34685

Country

30 PINELLAS

4. FEI Number

59-2415853

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

PATEL, RAMA
110 WEST TARPON AVENUE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

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

4021 JENITA DR

83

84 City PALM HARBOR

FL

85 Zip Code 34685

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PATEL, JAYANTI
STREET ADDRESS 110 W. TARPON AVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VS ☐ DELETE

NAME PATEL, RAMA
STREET ADDRESS 110 W. TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME PATEL, RAMA
STREET ADDRESS 110 W. TARPON AVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE T ☐ DELETE

NAME PATEL, AMIE
STREET ADDRESS 110 W. TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME PATEL, AARTI
STREET ADDRESS 110 W. TARPON VE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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.

SIGNATURE:

SIGNATURE REQUIRED

4/10/97 813-784-4216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)