

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J21442 (5)

1. Corporation Name

BILTMORE PLAZA, INC.



Principal Place of Business

% ARIF PARUPIA
2014 SE ELMHURST RD
PORT ST. LUCIE FL 34952-8849

Mailing Address

% ARIF PARUPIA
2014 SE ELMHURST RD
PORT ST. LUCIE FL 34952-8849

2. Principal Place of Business

21 599 NW SHARPE ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 599 NW SHARPE ST.
Suite, Apt. #, etc.

22 City & State
PORT ST. LUCIE, FL.

27 City & State
PORT ST. LUCIE, FL.

24 34983 25 USA

29 34983 30 USA

3. Date Incorporated or Qualified

06/25/1986

3a. Date of Last Report

08/07/1995

4. FEI Number

59-2778957

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

PARUPIA, ARIF
2014 SE ELMHURST RD
PORT ST. LUCIE FL 33452

10. Name and Address of New Registered Agent

81 Name

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

83 599 NW SHARPE ST.

84 City

PORT ST. LUCIE

FL

85 Zip Code

34983

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 of officer or director of corporation (Type or print name of officer or director of corporation)

(Type or print name of registered agent (Signature required if officer or director))

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
PARUPIA, ARIF
2014 S.E. ELMHURST RD.
PORT ST. LUCIE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
PARUPIA, CYNTHIA
2014 S.E. ELMHURST RD.
PORT ST. LUCIE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

407-878-8700

CR2E034 (12/95)