

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J40565**

1. Corporation Name:

ATMARAM, INC.

Principal Place of Business

Mailing Address

**3302 JUST-A-MERE CT.
WINDERMERE, FL 34786**

**3302 JUST-A-MERE CT.
WINDERMERE, FL 34786**

2. Principal Place of Business

2a. Mailing Address

21 3302 JUST-A-MERE CT.

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 WINDERMERE, FL

28

24 34786

29 30

3. Date Incorporated or Qualified
10-30-1986

3a. Date of Last Report
02-02-1996

4. FEI Number

59-2745972

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 **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ITWARU, ATMARAM
3302 JUST-A-MERE CT.
WINDERMERE, FL 34786**

81 Name

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

3302 JUST-A-MERE CT.

83

84 City

WINDERMERE

FL

85 Zip Code

34786

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **ITWARU, ATMARAM**

1.2 NAME

STREET ADDRESS **3302 JUST-A-MERE CT.**

1.3 STREET ADDRESS

CITY- ST- ZIP **WINDERMERE, FL 34786**

1.4 CITY- ST- ZIP

TITLE **VP** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **ITWARU, LEILA**

2.2 NAME

STREET ADDRESS **3302 JUST-A-MERE CT.**

2.3 STREET ADDRESS

CITY- ST- ZIP **WINDERMERE, FL 34786**

2.4 CITY- ST- ZIP

TITLE **S** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **ITWARU, ROUSHNIE**

3.2 NAME

STREET ADDRESS **3302 JUST-A-MERE CT.**

3.3 STREET ADDRESS

CITY- ST- ZIP **WINDERMERE, FL 34786**

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY- ST- ZIP

7.4 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. 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, unchanged, or on an attachment with an address

SIGNATURE:

Leila Itwaru

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-97 (407) 8765218

Date

Daytime Phone #

CR2E034 (9/96)