

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90091 021 ***150.00

DOCUMENT # J40565

1. Corporation Name
ATMARAM, INC.

Principal Place of Business

3302 JUST-A-MERE CT.
WINDERMERE FL 34786
US

Mailing Address

3302 JUST-A-MERE CT.
WINDERMERE FL 34786
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1986

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Swann & Hadley, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
1031 West Morse Boulevard
83 Suite 270
84 City
Winter Park FL 85 Zip Code
32789

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)

1-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME ITWARU, ATMARAM
STREET ADDRESS 3302 JUST-A-MERE CT.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE VP ☐ DELETE
NAME ITWARU, LEILA
STREET ADDRESS 3302 JUST-A-MERE CT.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE S ☐ DELETE
NAME ITWARU, ROUSHNIE
STREET ADDRESS 3302 JUST-A-MERE CT.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 112 N. COLUMBUS AVE
1.4 CITY-ST-ZIP MT. VERNON, NY 10553

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 112 N. COLUMBUS AVE
2.4 CITY-ST-ZIP MT. VERNON, NY 10553

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Leila Itwaru 1-99 914 665-5698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)