

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 # J57754 (0)

1. Corporation Name

AJAL MANAGEMENT, INC.



Principal Place of Business

**5870 S ORANGE BLOSSOM TR
ORLANDO FL 32804
US**

Mailing Address

**9381 POCKET LN
ORLANDO FL 32836
US**

3. Date Incorporated or Qualified
02/13/1987

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2769965

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, ARVIND M.
9381 CHARLES E. LIMPUS RD
ORLANDO FL 32819**

81 Name

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

9381 POCKET LANE

83

84 City

ORLANDO

FL

85 Zip Code

32836

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 person submitting this statement as registered agent or officer/director)

(Signature of Registered Agent, if different from above)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	PATEL, ARVIND M.	
STREET ADDRESS	9381 CHARLES E LIMPUS RD POCKET LN	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE	STD	☐ DELETE
NAME	PATEL, BHAMINI A.	
STREET ADDRESS	9381 CHARLES E LIMPUS RD POCKET LN	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	9381 POCKET LANE
14 CITY-STATE-ZIP	ORLANDO FL 32836
2. TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	9381 POCKET LANE
24 CITY-STATE-ZIP	ORLANDO FL 32836
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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:

ARVIND M. PATEL

11/21/96

47-644-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)