

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:16

DOCUMENT # K27650 (6)

1. Corporation Name
HARI OM, INC.

Principal Place of Business
**% HARENDRA NATHOO
4724 WINGROVE BLVD.
ORLANDO FL 32819
US**

Mailing Address
**4724 WINE ROVE BLVD.
7830 SNOWBERRY CIRCLE
ORLANDO FL 32819
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1988	3a. Date of Last Report 07/20/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 4724 WINGROVE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ORLANDO FLA
Zip 24	Country 29 32819
Country 25	Country 30 ORANGE

9. Name and Address of Current Registered Agent NATHOO, HARENDRA 4724 WINGROVE BLVD. ORLANDO FL 32819		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 FL	B5 Zip Code

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: _____ (Name of Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPT NATHOO, HARENDRA 4724 WINE ROVE BLVD. ORLANDO FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DVS NATHOO, ALKA H. 4724 WINE ROVE BLVD. ORLANDO FL	7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 191.07(6)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE: _____ **HARENDRA NATHOO (P)** **12/31/94** (601) 209-3622
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR