

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L76769 (3)

1. Corporation Name

KALPATEL APTS., INC.

Principal Place of Business

**7329 SW 9TH CT
PLANTATION FL 33317**

Mailing Address

**7329 SW 9TH CT
PLANTATION FL 33317**



2. Principal Place of Business

21

Same

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**RUBINCHIK, HARVEY L.
499 NW 70TH AVE
PLANTATION FL 33017**

3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

08/09/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature of person performing service of process (agent or third party)

(NOTE: Registered Agent Signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**ROACH, JAMES
7329 SW 9TH CT
PLANTATION FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**ROACH, ALICE
7329 SW 9TH CT
PLANTATION FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**PATEL, DILIP
77 FOX CHAPEL DR
ORCHARD PARK NY**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**PATEL, KALAPANA
77 FOX CHAPEL DR
ORCHARD PARK NY**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ 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

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

**900001790499
-04/23/96--01059--024
***200.00**

5.1 TITLE

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

4-23-96

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

Date

Daytime Phone #

CR2E034 (12/95)