

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M64640 (9)

1. Corporation Name

MORAR ACCOUNTING & TAX SERVICES, INC.

Principal Place of Business

**944 W CHARMING CROSS CIR
LAKE MARY FL 32746
US**

Mailing Address

**944 W CHARMING CROSS CIR
LAKE MARY FL 32746
US**

DO NOT WRITE IN THIS SPACE.

21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	58-2874747	26	City & State	27	City & State	5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
22	City & State	26	City & State	28	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
23	Zip	25	Country	28	Zip	29	Country	7. This corporation has liability for intangible tax under S. 198.032, Florida Statutes	☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

**PATEL, PRABODH C.
550 CROWN OAK CENTRE DR.
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, SUMITRA	1.2 NAME	
STREET ADDRESS	944 W CHARMING CROSS CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(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:

Sumitra M Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.95 1107-322-1142
Date Day/Year