

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

**APPROVED AND FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000035208 (6)**

1. Corporation Name

**BOMBAY PALACE RESTAURANT, INC.**

Principal Place of Business  
7511 INTERNATIONAL DR.  
ORLANDO FL 32819

Mailing Address  
5532 INTERNATIONAL DR.  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1993** 3a. Date of Last Report **08/26/1994**

4. FEI Number **59-3183826** 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. The corporation has failed, for at least one year, to comply with Chapter 190, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	State Apt # etc	26	State Apt # etc
22	City & State	27	City & State
23	City	28	City
24	Zip	29	Zip
25	County	30	County

**9. Name and Address of Current Registered Agent**

**KADAM, UDAY**  
5232 INTERNATIONAL DR.  
ORLANDO FL 32819

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P O Box Number is Not Acceptable)
83	City
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

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>
NAME	<b>KADAM, UDAY</b>
STREET ADDRESS	<b>5532 INTERNATIONAL DR.</b>
CITY, ST, ZIP	<b>ORLANDO FL 32819</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>10555 JOHN RIDGE COURT</b>
4. CITY, ST, ZIP	<b>KISSIMEE, FL 34746</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 190.07(1)(b), 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: **Kadam UDAY KADAM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 407-351-3456  
Date Type/Phone #