

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Madson
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

2. Principal Place of Business

2a. Mailing Address

21 301 W. Church St.
State, Apt. #, etc.

26 301 W. Church St.
State, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, Fl.
Zip County

28 Orlando, Fl.
Zip County

24 32801

25

29 32801

30

9. Name and Address of Current Registered Agent

KADAM, UDAY
5232 INTERNATIONAL DR.
ORLANDO FL 32819

81 Name

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

83

84 City

FL 32819 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1507, Florida Statutes, the above named corporation, submit 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 607.1507, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KADAM, UDAY	
STREET ADDRESS	1055 JODI RIDGE COURT	
CITY-STATE-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and checked in good faith for the exemption stated in Section 119.07(3)(K), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and if 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 change of, or appointment with, as applicable.

SIGNATURE: *U Day Kadam* UDAY KADAM 4-1-96 351-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (12/95)