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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9400001963 (5)																
1. 0	NPR INVESTMENTS, INC.															
											İ					
Principal Place of Business					Mailing Address					7	I HOULDEL HE IGHLE DIEH I				IO ONAO HAN 1807	
451 SOUTH CENTRAL AVENUE LAKELAND FL 33803				451 SOUTH CENTRAL AVENUE LAKELAND FL 33803												
Principal Place of Business										Pate Incorporated or Q 01/10/1994	ualified	1	of Last 1/26/19			
21				2a. Mailing Address					4. F	El Number				Applied For		
Suite Apt. #, etc.				Suite, Apt. #, etc.						59-3222541		···	00.7	Not Applicable		
22	22				27					5. 0	Certificate of Status Des	sired			5 Additional Required	
<u>ا</u> ر	City & State				City & State						6. E	lection Campaign Fina	ncina			00 May Be
23 Zi	in.				23					····		rust Fund Contribution	~			ed to Fees
24	ıρ		Country 25		F *****	Zip		Country				his corporation has lial			ix under s	199.032,
		g. Name	and Address	of Current	29 Registe	red Agent	30	1				lorida Statutes		□N⊃		
<u> </u>								81	N	ame	10. 1	lame and Address of	New H	egistered	Agent	
PATEL, NILESH											feto etc.	····				
451 SOUTH CENTRAL AVENUE								St	reet Addre	ess (P.O.	Box Number is Not A	cceptabl	le)			
LAKELAND FL 33803						83										
								84	Ci	±						
										-				FL		ip Code
11. 8	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the oblightions of, Section 607.0505, Florida Statutes. 										tion sub	mits this statement for	the purp	pose of cha	inging its	registered office
f	lamiliar wit	lh, and acce	R ne obligatio	ns of, Section	607.05	05, Florida S	tatutes.	rine corp	Olali	IOIT & DOUBLE	a Or Giret	ctors. Thereby accept i	ne appo	ointment as	registere	d agent. I am
SIGN	iature _	Signature, typed	د سر	gistered agent an										E1191	96	•
12.	··			ICERS AND I			(NOTE: HE	g stered Agen	it sign	ature required			TO 01:	DATE		
TITLE		PD		***************************************		DELET	E	1.1 TITLE	-	T	- Al	ODITIONS/CHANGES	IO OFFI		DIRECTO	ORS IN 12 Addition
NAME		PATEL, I						1.2 NAME						L.		
STREET	r address		ENTRAL AV	ENUE				1.3 STREET	ADDA	RESS						
CITY-S	31- <i>2</i> 1P	LAKELAI	ND FL					1.4 CITY-S	1 - 2 FP	.						
TITLE	ļ	VD				DELET	E ,	2 1 TITLE] Change	☐ Addition
NAME		PATEL, I						2.2 NAME								
	ADDRESS		ENTRAL AV	ENUE				2 3 STREET	ADDF	iess						
CITY-S TITLE	ST - ZIP	LAKELAI SD	NU FL			De nei er	c	24 CITY - S	T-ZIP	77						
NAME			PRAKASH			⊠ DEFEI		3 1 111LE		5)	1/1	MANISH	Λ	•	Change	☐ Addition
STREET	ADDRESS		ENTRAL AVI	ENUE				3.2 NAME	AFIDI	, PA		CENTERL	Av	\$		
CITY-S	iT-ZIP	LAKELAN		,02				3.4 CITY - \$1	1000 1000	11.00	n a	LAPD, FL	y 1 · ·			
TITLE						DELET	E	4. 1 TITLE	-211		-//~2	-CAN-DI / C			Change	Addition
NAME								4.2 NAME						L_	J Orlange	
STREET	ADDRESS							43 STREET	ADDR	ESS						
CHTY-S	T - ZIF				<u></u>			4.4 CITY - ST	-ZIP							
TITLE	1					☐ DELETI		5 1 TITLE] Change	Addition
NAME	*DODESS							5.2 NAME								
	ADDRESS 7.7/0							5 3 STREET A		ESS						
CITY-SI TITLE	1 - 711-					☐ DECES		5 4 CITY-S1	- ZIP							
NAME						DELETE	. [6 1 TITLE) Change	☐ Addition
	ADDF:ESS							62 NAME	DDC:							
CITY-SI								6.3 STREET / 6.4 City - St		:55						

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 appears in Block 12 or Block 13 if changed, br on an attachment with an address. ATUJEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/19/96 GAI-687-4934 SIGNATURE: