

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000016077 (7)**

1. Corporation Name  
**DHARAMRAJ, INC.**



Principal Place of Business: **2850 RENATTA DRIVE BELLEAIR BLUFFS FL 34640**  
Mailing Address: **2850 RENATTA DRIVE BELLEAIR BLUFFS FL 34640**

2. Principal Place of Business: **1831 Bekker Rd, N**  
22. City & State: **Clearwater, FL**  
24. Zip: **34625** 25. Country: **USA**

3. Date Incorporated or Qualified: **02/25/1994** 3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-3238198**  
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

9. Name and Address of Current Registered Agent

**DHARAMRAJ, KENNETH S  
2850 RENATTA DRIVE  
BELLEAIR BLUFFS FL 34640**

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: **FL**

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

*K Dharamraj*

**3/30/96**

12. OFFICERS AND DIRECTORS

12.1 TITLE: <b>D</b>	<input type="checkbox"/> DELETE
12.2 NAME: <b>DHARAMRAJ, KENNETH S</b>	
12.3 STREET ADDRESS: <b>2850 RENATTA DRIVE</b>	
12.4 CITY - ST - ZIP: <b>BELLEAIR BLUFFS FL 34640</b>	
12.5 TITLE: <b></b>	<input type="checkbox"/> DELETE
12.6 NAME: <b></b>	
12.7 STREET ADDRESS: <b></b>	
12.8 CITY - ST - ZIP: <b></b>	
12.9 TITLE: <b></b>	<input type="checkbox"/> DELETE
12.10 NAME: <b></b>	
12.11 STREET ADDRESS: <b></b>	
12.12 CITY - ST - ZIP: <b></b>	
12.13 TITLE: <b></b>	<input type="checkbox"/> DELETE
12.14 NAME: <b></b>	
12.15 STREET ADDRESS: <b></b>	
12.16 CITY - ST - ZIP: <b></b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: <b></b>	
13.3 STREET ADDRESS: <b></b>	
13.4 CITY - ST - ZIP: <b></b>	
13.5 TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: <b></b>	
13.7 STREET ADDRESS: <b></b>	
13.8 CITY - ST - ZIP: <b></b>	
13.9 TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: <b></b>	
13.11 STREET ADDRESS: <b></b>	
13.12 CITY - ST - ZIP: <b></b>	
13.13 TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: <b></b>	
13.15 STREET ADDRESS: <b></b>	
13.16 CITY - ST - ZIP: <b></b>	
13.17 TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME: <b></b>	
13.19 STREET ADDRESS: <b></b>	
13.20 CITY - ST - ZIP: <b></b>	

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)(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: *K Dharamraj*  
SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/96**

CR2E034 (12/95)