'FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000016077

1. Corporation Name

BELLEAIR BLUFFS FL 33770

Zip 24

DHARAMRAJ, INC.

,	
Principal Place of Business	Mailing Address
1831 BELCHER RD N CLEARWATER FL 34625 US	2850 RENATTA DRIVE BELLEAIR BLUFFS FL

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90003 032 ***150.00



Zip Code

85

Suite, Apt. #, etc. City & State City & State Zip Country Suite, Apt. #, etc. City & State Country Zip Country Suite, Apt. #, etc. Suite, Apt. #,				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Name and Address of New Registered Agent Zip Country Zip Name and Address of New Registered Agent	· ·			
Suite, Apt. #, etc. 27 City & State City & State City & State City & State Zip Country Zip Name and Address of New Registered Agent	olied For			
Suite, Apt. #, etc. 27 City & State City & State City & State City & State Zip Country Zip Name and Address of New Registered Agent	Not Applicable			
City & State City & State 28 City & State 28 City & State 28 Country Country				
25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	•			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	No.			
	10. Name and Address of New Registered Agent			
DHARAMRAJ, KENNETH S 2850 RENATTA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)				

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

City

office or re agent. I a	egistered agent, or both, in the State of Florida. Such change was auth n familiar with, and accept the obligations of, Section 607.0505, Florid	norized by the corpo la Statutes.	oration's board of direc	tors, i nereby accept the	appointment as reg	listered
SIGNATURE		egistered Agent signature re			ATE	
		13.		CHANGES TO OFFICE		25 IN: 12
12.	OFFICERS AND DIRECTORS DELETE	1.1 TITLE	ADDITIONS	CHANGES TO OFFICE	☐ Change	Addition
TITLE	_			,		
NAME	DHARAMRAJ, KENNETH S	1.2 NAME			*	
STREET ADDRESS	2850 RENATTA DRIVE	1.3 STREET ADDRESS				
CITY-ST-ZIP	BELLEAIR BLUFFS FL	1.4 CITY-ST-ZIP				
TITLE	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	•	2.2 NAME				-
STREET ADDRESS		2.3 STREET ADDRESS				ĺ
_CITY-ST-ZIP -	<u>، به محمد با محمد با محمد الما و</u>	2:4 CITY-ST-ZIP		:		
TITLE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 NAME		•		
STREET ADDRESS	•	3.3 STREET ADDRESS	•			ļ
CITY-ST-ZIP	<u></u>	3.4. CITY+ST-ZIP				
TITLE	DELETE	4.1 TITLE			Change	☐ Addition
NAME		4, 2 NAME				[
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	· DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME.	,	5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS	8758 (2. N. 2) of 75110	6.3 STREET ADDRESS		•		
CITY-ST-ZIP	CONTRACTOR OF THE STATE OF THE	6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.