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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

POARRONALOA (N)

8 TILL LATE AT SAN JOSE INC.										
Principal Place o	of Business	Mail	ing Address			•	I TO DITUDE TIU TOTAL UIDIT VORKI U	3111 B3141 81	11 8 11811 01001 1	1016 1016 GIFF 100
9210 SAN JOSE BLVD JACKSONVILLE FL 32257 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				MeXX						
US			NDANOSKPANIKOVSK US	107X			3. Date Incorporated or Qualified	3a. Da	ite of Last Re	eport
··							03/30/1994		05/01/1	
2. Principal Plac	e of Business		Mailing Address				4. FEI Number		h	Applied For
Suite, Apt. #, etc.			c/o Kanti A. Patel Suite, Apt. #, etc.			L	\$ CR 75 Addition			Not Applicable
27			3360 Queen Ann Lane			ne	5. Certificate of Status Desired	X		Required
City & State			Oity & State				6. Election Campaign Financing		\$5.0	May Be
3			Jacksonvill	,			Trust Fund Contribution			to Fees
Zipi	Country 25	29	Zip 32257	30	ountry US i		This corporation has lability for Florida Statutes Yes		1ax under s	199.032,
1	9. Name and Address of Curre			30	150	3	10. Name and Address of New 1		d Agent	
		-			81	Name				
KING, DAVID A					82	Street Add	ess (P.O. Box Number is Not Acceptable)			
ATTORNEY AT LAW 1416 KINGSLEY AVENUE										
					83					
ORANG	SE PARK FL 32073				84	City			85 Zip	Code
11 Pursuant to	the provisions of Sentions 607 050	12 and 607	1508 Florida Statutes	thea	bove-r	named corre	pration submits this statement for the pu	Floose of c		enistered office
or registered	d agent, or both, in the State of Flo	rida. Such o	change was authorized	by the	e corp	oration's boa	ard of directors. I hereby accept the app	ointment a	as registered	agent. I am
	, and accept the congations of, sec	0.0011 007.0	505, Florida Statutes.							
SIGNATURF	gnature, typed or printed name of registered age	ent and tite of app	plicable (NOT	: Registe	red Ager	nt signature requir	ed when reinstating:	DATE		
12.	OFFICERS A	ND DIRECT		13			ADDITIONS/CHANGES TO OFF	ICERS AN		
IITLE	D DINKA BUANBATU		DELETE		1 TITLE				☐ Change	Addition
NAME STREET ADORESS	BHIKA, BHAGIRATH 1237 E WILLOW OAKS D	Ð			NAME	ADDRESS				
CITY - SI - ZIP	JACKSONVILLE BEACH F				CITY-S	1				
TITLE	D		☐ DELETE		1 TITLE				Change	Addition
NAME	BHIKHA, SUNIL			22	NAME					
STREET ADDRESS	1237 E WILLOW OAKS D	R		23	STREET	ADDRESS				
CHTY+ST+ZIP	JACKSONVILLE BEACH F	L 32250	Ethnesers		CITY-S	IT-ZIP	<u> </u>			
TITLE	D		DELETE		1 TITLE				☐ Change	☐ Addition
NAME	PARAG, JAYESH	NI .		- 8	NAME	7 ADDDESO				
STREET ADDRESS CITY-ST-ZIP	8720 ROLLING BROOK L				STREE LCITY-5	T ADDRESS				
TIFLE	JACKSONVILLE FL 32256 D		DELETE		1 TITLE	11 - <u>C</u> IF			Change	Addition
NAME	PATEL, DILIP Z				NAME				_ •	_
STREET ADDRESS	4605 CONFEDERATE OA	K DR		43	STREET	ADDRESS				•
CITY-ST-ZIP	JACKSONVILLE FL 32210			44	CITY-S	T-ZIP				
TITLE	D		☐ DELETE	5	1 TITLE				☐ Change	Addition
NAMÉ	PATEL, KANTI A	27/	A A 1854 And 1	5.2	NAME					
STREET ADDRESS	9000 CORONET LN APT	128 236	D Chrose sima n			ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 8 220 7	12257	- DELETE		CITY-S	IT-ZIP			Change	Addition
TITLE NAME	D DATE! A IST		T presie		1 TITLE 2 NAME				onetige	T Vaniani
STREET ADDRESS	Patel, ajit 8720 rolling brook l	N				ADDRESS				
DITY-ST-ZIP	JACKSONVILLE FL 32256				CITY-S					
14. I do hereby	certify that the information supplied	d with this fi	ling is voluntarily furnis	hed ar	nd doe	s not qualify	for the exemption stated in Section 119	.07(3)(k), F	lorida Statut	es. I further
oath; that I	the information indicated on this an am an officer or director of the corp Block 12 or Block 13 if changed, or	poration or t	the receiver or trustee	empov	rt is tri vered	ue and accur to execute th	rate and that my signature shall have the nis report as required by Chapter 607, F	same leg lorida Stat	utes; and tha	made under at my name

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR