

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000024204 (7)

1. Corporation Name

8 TILL LATE AT PONTE VEDRA INC.



Principal Place of Business

Mailing Address

~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~  
US

~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~  
US

2. Principal Place of Business

21 832 ALA North

Suite, Apt. #, etc.

22 -----

City & State

23 Ponte Vedra, FL

Zip

24 32082

Country

25 USA

2a. Mailing Address

26 c/o Jayesh Parag

Suite, Apt. #, etc.

27 8720 Rolling Brook Lane

City & State

28 Jacksonville, FL

Zip

29 32256

Country

30 USA

3. Date Incorporated or Qualified

03/30/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3233906

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

X

Yes

☐ No

9. Name and Address of Current Registered Agent

KING, DAVID A  
ATTORNEY AT LAW  
1416 KINGSLEY AVENUE  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and limited liability

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
BHIKHA, BHAGIRATH  
STREET ADDRESS  
1237 E WILLOW OAKS DR  
CITY - ST - ZIP  
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME  
D  
BHIKHA, SUNIL  
STREET ADDRESS  
1237 E WILLOW OAKS DR  
CITY - ST - ZIP  
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME  
D  
PARAG, JAYESH  
STREET ADDRESS  
8720 ROLLING BROOK LN  
CITY - ST - ZIP  
JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME  
D  
PATEL, DILIP Z  
STREET ADDRESS  
4605 CONFEDERATE OAK DR  
CITY - ST - ZIP  
JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME  
D  
PATEL, KANTI A  
STREET ADDRESS  
3000 CORONET LN APT 128  
CITY - ST - ZIP  
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME  
D  
PATEL, AJIT  
STREET ADDRESS  
8720 ROLLING BROOK LN  
CITY - ST - ZIP  
JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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: X *Jayesh Parag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jayesh Parag

4/12/96 (704) 285-5356  
Date Date & Phone #

CR2E034 (12/95)