

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

2a. Mailing Address

21 832 ALA North

26 c/o Jayesh Parag

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -----

27 8720 Rolling Brook Lane

City & State

City & State

23 Ponte Vedra, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32082

25 USA

29 32256

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

\$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

Yes No

9. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1418 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
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

Signature, typed or printed name of registered agent, and title, if applicable

(Signature of Registered Agent required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BHIKHA, BHAGIRATH	
STREET ADDRESS	1237 E WILLOW OAKS DR	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BHIKHA, SUNIL	
STREET ADDRESS	1237 E WILLOW OAKS DR	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARAG, JAYESH	
STREET ADDRESS	8720 ROLLING BROOK LN	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, DILIP Z	
STREET ADDRESS	4605 CONFEDERATE OAK DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, KANTI A	
STREET ADDRESS	3000 CORONET LN APT 128	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, AJIT	
STREET ADDRESS	8720 ROLLING BROOK LN	
CITY - ST - ZIP	JACKSONVILLE FL 32256	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D, P <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)