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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS									
 Corporation 	MENT # P94 RAV CORPORATION	40000437	48 (0))					
Principal Place of Business Mailing Address 2100 HWY 92 WEST 2100 HWY 32 WEST WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 US US									
						 Date incorporated or Qualified 06/07/1994 	3a. Da	te of Last 05/01/	1995
2. Principal Pla 21	ace of Business	2a. Mailing A	2a. Mailing Address 26			4. FEI Number 59-3248347	Applied For Not Applicable		
Suite, Apt. i	#, etc.	Suite, Ap	Suite, Apt. #, etc. 27			5. Certificate of Status Desired			75 Additional e Required
City & State		Orty & St. 28	ate			Election Campaign Financing Trust Fund Contribution			00 May Be
Zip Country 29			Goun! 30		y		lity for intang ble tax under si 199.032, Yes No		
	9. Name and Address of (Current Registered Age	ent	81	Name	10. Name and Address of New	Registerec	Agent	
5835 E	r, Charles R Bartow Rd. South And Fl 33813			82		ddress (P.O. Box Number is Not Accepta	tio)		
•				84	City		FL	85	Zıp Code
familiar wit	o the provisions of Sections 60 ad agent, or both, in the State of h, and accept the obligations o	r Florida, Such change v f, Section 607.0505, Flori	vas authorizei da Statutes.	d by the con	oration's b	peration submits this statement for the pulpoard of directors. I hereby accept the app	irpose of characters a		registered office ad agent I am
12.		RS AND DIRECTORS	(NG)	13.	Charghadale feet	prodwien renstatogi ADDITIONS/CHANGES TO OF	DAIL EICEUS AN	O DIRECT	CODS IN 12
TITLE	PD		DELETE	1 1 TITLE		ADDITIONS/OFFANGES TO OF		Change	
NAME STREET ADDRESS CITY-ST-ZIP	3726 CLEVELAND HEIGHTS BLVD., APT. 5 LAKELAND FL 33813			1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+ST-7tP					
TITLE NAME STREET ADDRESS	VD DELETE PATEL, CHANDRAKANT M 3726 CLEVELAND HEIGHTS BLVD., APT. 5			2 1 T-TLE 2 2 NAME 2 3 SIREEL ADDRESS				☐ Change	e 🔲 Add-tion
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D		DELETE	2.4 CiTy- 3.1 Title				☐ Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	PATEL, POURAV C 3726 CLEVELAND HE LAKELAND FL 33813	NO HEIGHTS BLVD., APT. 5 33813			T ADDRESS				
TITLE NAME	PATEL, KAJAL C 3726 CLEVELAND HEIGHTS BLVD., APT. 5		DELETE	3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME				☐ Change	Addition
STREET ADORESS CHY-ST-ZIP	LAKELAND FL 33813		DE: E14	4.4 CITY -	I ADDRESS ST-ZIP			F-1 6:	
NAME STREET ADDRESS		L.J	DELETE		FADDRESS			Change	: Addition
CITY - ST - ZIP TITLE			DELFTE	5.4 CITY - 6.1 TITLE	51 - ZIP			Change	Addition

100001842921⁰⁰⁰⁰ -05/29/96--01093--032 ***200.00 64 CHY ST-ZIP 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 119.37(3)(k). Florida Statutes in 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 oath, that I am an officer or director of the copied to not the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my reappears in Block 12 or Block 13 schanged, discharged, with an address

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: __

NAME

STREET ADDRESS

SIGNATURE AND TO O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4129196

941-956-2372.

CR2E034 (12/95)