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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000057381 (3) DOCUMENT #

JAYANTI PROFESSIONAL CORPORATION



Principal Place of Business 3200 SW 34TH AVENUE STE. 302 OCALA FL 34474		3200 SW 34TH AVENUE STE. 302 OGALA FL 34474		Date incorporated or Qualified	3a. Date o	f Last Rep	xort	
					08/02/1994	U2/	28/199	
. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-3250553			oplied For ot Applicable
Principal made	O DOSITOSS	26			59-3250555			Additional
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			equired
		Gity & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution			to Fees
Zip	Country	7φ	Count	ry	8. This corporation has liability for	intangible tax	under s	199.032,
1	25	29	30		Florida Statutes Yes 10. Name and Address of New F	No	oent	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New P	tegistereo A	90	
			1	Mame 11				
PANCHAL	., JAYANTI J		Ī	32 Street Addr	ess (P.O. Box Number is Not Acceptat	ile)		
3200 SW 34TH AVENUE STE. 302			<u> </u>	33				
OCALA F	L 34474						85 Zip	Code
				B4 City		FL		
		Charles Charles Charles	too the abou		ration submits this statement for the purify of directors. I hereby accept the app	rpose of cha	nging its r	egistered offic
	gruture, spect or printed numerof registers 18	gesta ditts näpikater AND DIRECTORS	rinii Argideres.	Agent signer is reinare	ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	RS IN 12
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I do hereby certify that the information sulpilied with this mind is obtained annual report is true and accurate and that my signature shall have the same legal effect as it made during 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 it made during certify that I am an officer or director of the corporation or the receiver or trustee empoyed ed 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 attaching the made and the same legal effects and that my signature shall have the same legal effect as it made during certify that the information supplies with the same legal effect as it made during the same legal effects and that my signature shall have the same legal effect as it made during the same legal effects and that my signature shall have the same legal effect and that my signature shall have the same legal effects and that my signature shall have the same legal effects and that my signature shall have the same legal effects and that my signature shall have the same legal effects and that my signature shall have the same legal effects and that my signature shall have the same legal effects and the same legal effects and that my signature shall have the same legal effects and that my signature shall have the same legal effects and the same legal effects and the same legal effects and that my signature shall have the same legal effects and the same legal

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

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