

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

APPROVED AND FILED

95 MAY - 1 14 9: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000062460 (8)**
1. Corporation Name
JERAM M. PATEL, INC.

Principal Office Location: **26556 STATE RD 54 W LUTZ FL 33649**
Mailing Address: **26556 STATE RD 54 W LUTZ FL 33649**

2. Fiscal Year of Business: **21** 2a. Month of Filing: **26**
State Apt. # etc: State Apt. # etc: **22** 27
City & State: City & State: **23** 28
Zip: Country: Zip: Country: **24** 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or liquidated: **08/24/1994** 3a. Date of Last Report

4. FEI Number: **593261661** 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. The corporation has liability for intangible tax under S. 199.0729 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PATEL, DHARMISH J
26556 STATE RD 54 W
LUTZ FL 33649**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: *Dharmish J. Patel* DATE: **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: PATEL, JERAM M STREET ADDRESS: 955 W GRANDA BLVD CITY, ST, ZIP: ORMOND BEACH FL 32174-5908	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 NAME: 26556 SR 54 W 1.1 STREET ADDRESS: LUTZ FL 33549 1.1 CITY, ST, ZIP: LUTZ FL 33549
TITLE: D	NAME: PATEL, NIRUBAN J STREET ADDRESS: 955 W GRANDA BLVD CITY, ST, ZIP: ORMOND BEACH FL 32174-5908	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 NAME: PATEL, NIRUBEN J 2.1 STREET ADDRESS: 26556 SR 54 W 2.1 CITY, ST, ZIP: LUTZ FL 33549
TITLE:	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 NAME:
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 NAME:
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 NAME:
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 NAME:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, not equally for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information made stated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. 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 of changed or newly added individuals on address.

SIGNATURE: *Jeram M. Patel* DATE: **4/26/95**
Niruben J. Patel DATE: **4/26/95**

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR