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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] MAY 1[illegible] PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063685 (9)**

1. Corporate Name

RIDHI CORPORATION

Principal Place of Business

120 S. BERMUDA AVENUE
KISSIMMEE FL 34741

Mailing Address

120 S. BERMUDA AVENUE
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1994**

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt. # or
22

Suite Apt. # or
27

City & State
23

City & State
28

ZIP
24

County
25

ZIP
29

County
30

4. FEI Number: **59-3261952**
[ ] 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 intangibles tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PATEL, JATINKUMAR M
120 S. BERMUDA AVENUE
KISSIMMEE FL 34741

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 Section 607.0505 and 607.0508 Florida Statutes, the above named corporation submits the 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 duties and responsibilities of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D NAME PATER, JATINKUMAR M ADDRESS 1421 EMMETT STREET CITY ST ZIP KISSIMMEE FL 34741	
TITLE NAME ADDRESS CITY ST ZIP	
TITLE NAME ADDRESS CITY ST ZIP	
TITLE NAME ADDRESS CITY ST ZIP	
TITLE NAME ADDRESS CITY ST ZIP	
TITLE NAME ADDRESS CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE NAME ADDRESS CITY ST ZIP	[ ] Change [ ] Addition
TITLE NAME ADDRESS CITY ST ZIP	[ ] Change [ ] Addition
TITLE NAME ADDRESS CITY ST ZIP	[ ] Change [ ] Addition
TITLE NAME ADDRESS CITY ST ZIP	[ ] Change [ ] Addition
TITLE NAME ADDRESS CITY ST ZIP	[ ] Change [ ] Addition
TITLE NAME ADDRESS CITY ST ZIP	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, or amendment, complies with the requirements of Section 607.0505 and 607.0508 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 the report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or is attached with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95
Date

407-847-3066
Telephone Number

0374480 CP