

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

93 JUN 17 PM 1:04

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081005 (8)

MURTI INC.

Principal Place of Business: **28090 QUAILS NEST LANE
BONITA SPRING FL 33923**
 Mailing Address: **28090 QUAILS NEST LANE
BONITA SPRING FL 33923**

DO NOT WRITE IN THIS SPACE

2. Filing date of this report		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of Last Report	
21		26		11/03/1994		3b. Date of Last Report	
22. State, Apt. # etc.		27. State, Apt. # etc.		4. FE Number		Applied For	
23. City & State		28. City & State		65 05 35911		Not Applicable	
24. Zip		29. Zip		5. Certificate of Status Desired		5b. Additional Fee Required	
25. Country		30. Country		☐ ☐		\$8.75	
				6. The firm's Corporate Financial Year End Contributions		May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 190 (a)(2), Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATEL, PRAKASH R 28090 QUAILS NEST LANE BONITA SPRING FL 33923				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

I, **PRAKASH R. PATEL**, President of the above named corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as listed on 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: **PRAKASH R. PATEL** (Signature of Registered Agent required when not listed)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME		1. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
4. ZIP		4. ZIP	
5. PHONE		5. PHONE	
6. FAX		6. FAX	
7. E-MAIL		7. E-MAIL	
8. OTHER		8. OTHER	
9. SIGNATURE		9. SIGNATURE	
10. DATE		10. DATE	
11. TITLE		11. TITLE	
12. ADDRESS		12. ADDRESS	
13. CITY & STATE		13. CITY & STATE	
14. ZIP		14. ZIP	
15. PHONE		15. PHONE	
16. FAX		16. FAX	
17. E-MAIL		17. E-MAIL	
18. OTHER		18. OTHER	
19. SIGNATURE		19. SIGNATURE	
20. DATE		20. DATE	
21. TITLE		21. TITLE	
22. ADDRESS		22. ADDRESS	
23. CITY & STATE		23. CITY & STATE	
24. ZIP		24. ZIP	
25. PHONE		25. PHONE	
26. FAX		26. FAX	
27. E-MAIL		27. E-MAIL	
28. OTHER		28. OTHER	
29. SIGNATURE		29. SIGNATURE	
30. DATE		30. DATE	
31. TITLE		31. TITLE	
32. ADDRESS		32. ADDRESS	
33. CITY & STATE		33. CITY & STATE	
34. ZIP		34. ZIP	
35. PHONE		35. PHONE	
36. FAX		36. FAX	
37. E-MAIL		37. E-MAIL	
38. OTHER		38. OTHER	
39. SIGNATURE		39. SIGNATURE	
40. DATE		40. DATE	
41. TITLE		41. TITLE	
42. ADDRESS		42. ADDRESS	
43. CITY & STATE		43. CITY & STATE	
44. ZIP		44. ZIP	
45. PHONE		45. PHONE	
46. FAX		46. FAX	
47. E-MAIL		47. E-MAIL	
48. OTHER		48. OTHER	
49. SIGNATURE		49. SIGNATURE	
50. DATE		50. DATE	
51. TITLE		51. TITLE	
52. ADDRESS		52. ADDRESS	
53. CITY & STATE		53. CITY & STATE	
54. ZIP		54. ZIP	
55. PHONE		55. PHONE	
56. FAX		56. FAX	
57. E-MAIL		57. E-MAIL	
58. OTHER		58. OTHER	
59. SIGNATURE		59. SIGNATURE	
60. DATE		60. DATE	
61. TITLE		61. TITLE	
62. ADDRESS		62. ADDRESS	
63. CITY & STATE		63. CITY & STATE	
64. ZIP		64. ZIP	
65. PHONE		65. PHONE	
66. FAX		66. FAX	
67. E-MAIL		67. E-MAIL	
68. OTHER		68. OTHER	
69. SIGNATURE		69. SIGNATURE	
70. DATE		70. DATE	
71. TITLE		71. TITLE	
72. ADDRESS		72. ADDRESS	
73. CITY & STATE		73. CITY & STATE	
74. ZIP		74. ZIP	
75. PHONE		75. PHONE	
76. FAX		76. FAX	
77. E-MAIL		77. E-MAIL	
78. OTHER		78. OTHER	
79. SIGNATURE		79. SIGNATURE	
80. DATE		80. DATE	
81. TITLE		81. TITLE	
82. ADDRESS		82. ADDRESS	
83. CITY & STATE		83. CITY & STATE	
84. ZIP		84. ZIP	
85. PHONE		85. PHONE	
86. FAX		86. FAX	
87. E-MAIL		87. E-MAIL	
88. OTHER		88. OTHER	
89. SIGNATURE		89. SIGNATURE	
90. DATE		90. DATE	
91. TITLE		91. TITLE	
92. ADDRESS		92. ADDRESS	
93. CITY & STATE		93. CITY & STATE	
94. ZIP		94. ZIP	
95. PHONE		95. PHONE	
96. FAX		96. FAX	
97. E-MAIL		97. E-MAIL	
98. OTHER		98. OTHER	
99. SIGNATURE		99. SIGNATURE	
100. DATE		100. DATE	

I, **PRAKASH R. PATEL**, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in law for 1994/95. I hereby certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make such report that has been filed on the part of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 10, or changed on any attachment with an address.

SIGNATURE: **PRAKASH R. PATEL** **7/10/95** **813 917 3366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)