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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # P9400								
	IAT ENTERPRISES, INCOR								
Principal Place of Business Mailing Address					- 1 10011001 110 78318 01011 00114 00111 00114 0101 10108 11010 11210 1108 11001				
1420 MAIN ST SUITE 210		1420 MAIN ST PO BOX 1974 SUITE-210 Venice FL							
SARASOTA I	FL 34236	SARASOTA FL 34236	342	84-1974	3. Date Incorporated or O 11/04/1994	ualified 3a. [	Date of Last R 05/01/19		
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number APPLIED FOR	65-0536		Applied For Not Applicable	
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.			5. Certificate of Status De	sired 💢	\$8.75 Additional Fee Required		
City & State 23		City & State		6. Election Campaign Fina Trust Fund Contribution	d Contribution Added to Fees				
Ζφ <b>24</b>	Country 25	Ζφ <b>29</b>	Cour 30	itry	8. This corporation has lia Florida Statutes	Yes □ No		199.032,	
	9. Name and Address of Curre	nt Registered Agent		B1 Name	10. Name and Address o	f New Register	ed Agent		
• WALIA, HARRY 1420 MAIN-ST SUITE 210 • SARASOTA FL 34236  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			5	83 84 City	ess (P.Ö. Box Number is Not A	F	·L	p Code	
familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Soc Signature typed or printed name of registered agen OFFICERS AN	tion 607.0505, Florida Statul <b>es</b>		orporation is board		DATI			
TITLE NAME STREET ADDRESS CITY-SF-ZiP	D NATARAJAN, PUNNU S 1540 TAMIAMI TR SARASOTA FL	☐ DELETE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D Walia, Harry 1420 Main St Suite 210 Sarasota Fl 34236	☐ DELETE	2 1 TIT 22 NAM 23 STM	Lt.			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	3 1 1)7 32 NAA 33. ST	LE			☐ Change	Addition	
TITLE NAME SIREET ADORESS		[] DECEDE	4 1 TIT 4 2 NAM 4 3 STR	LE ME EET ADDRESS			Criange	Addition	
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ DELETE	5 1 TIT 5 2 NAM 5 3 STR	AE EFT ADDRESS	50000: -05/23/96- ***208.75	1 <b>836</b> 01011	L <del>(30</del> 0€ -050	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ DELETE	6 1 1 IT 6 2 NAM 6 3 STR	1			Change	Addition ASB S-1-96	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicate in 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 cath; that I am an officer or director of section of the receipt of or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if the chapter on an attrictions with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR