

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000002154 (9)**

1. Corporation Name

**SANRAJ ENTERPRISE, INC.**



Principal Place of Business

**2906 JEANETTE COVE  
OVIDO FL 32765**

Mailing Address

**2906 JEANETTE COVE  
OVIDO FL 32765**

2. Principal Place of Business

21 **2906, Jeanette Cove**

Suite, Apt. #, etc.

22 **—**

City & State

23 **OVIDO, FLORIDA**

Zip

24 **32765**

Country

25 **Seminole**

2a. Mailing Address

26 **2906, Jeanette Cove**

Suite, Apt. #, etc.

27 **—**

City & State

28 **OVIDO, FLORIDA**

Zip

29 **32765**

30 **Seminole**

3. Date Incorporated or Qualified

**01/06/1995**

3a. Date of Last Report

**N/A**

4. FEI Number

**59-3289720 (EIN #)**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**AMIN RAJU R.**

82 Street Address (P.O. Box Number is Not Acceptable)

**2906, Jeanette Cove**

83

84 City

**OVIDO**

FL

85 Zip Code

**32765**

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

**SANTOSH R. AMIN.**

*S.R. Amin*

**4-29-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

NAME

**AMIN RAJU R.**

STREET ADDRESS

**2906, Jeanette Cove**

CITY - ST - ZIP

**OVIDO, FL - 32765**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

*R.R. Amin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/96**

DATE

**(407) - 365-6223**

DAYTIME PHONE #

CR2E034 (12/95)