## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002154 (9)

SANRAJ ENTERPRISE, INC.

Principal Place of Business

Mailing Address

2906 JEANETTE COVE

## **FILED** May 26 1998 8:00am Secretary of State



4/27/90

OVIEDO FL 32765		OVIEDO FL 32765		DO NOT WRITE IN 1	THIS SPACE		
					3. Date Incorporated or Qualified		
					01/06/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
_ ^	Amin - (Some as about	26 2906, Jean	ette	Cove	59-3289720		Not Applica
Suite. Apt. #	t, etc.	Suite, Apt. #, etc.		<u>-                                    </u>			75 Additional
22 2906 City & State	Jeanette Cove	City & State			6. Election Campaign Financing	¢5	.00 May Be
23 (2)	viedo FL-	28 Ovical		<u> </u>	Trust Fund Contribution	Ad	ided to Fees
<b>Z</b> ip	Country	70	Countr حد		8. This corporation owes or has paid th	party '	
24 3276			30 Se	e mille	Personal Property Tax due June 30.  10. Name and Address of New Register		DYNo ∧
	9. Name and Address of Current	Registered Agent	81	I Name		ored Agent	<del></del>
	N, RAJU R		"	IValle	NONE.		
	6 JEANETTE COVE		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
OVI	E <b>D</b> O FL 32765		83				
			6,	<b>'</b>			
			84	City		85	Zip Code
				<u> </u>		FL  °°	T
office or re	coletorad accept, or both, in the State r	if Florida, Such change was au	ithorized t	w the cornor	prporation submits this statement for the purporation's board of directors. I hereby accept the	ose or chang- ie appointmer	ing its register nt as registere
agent. I an	n familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statuto	es.		- 4 - 0/	•
SIGNATURE _	Raju Amin			Kldm	in 4/:	<u> 27]98</u>	
				gent signature ree	quired when reinstating)	O AND DIDEC	TODE IN 12
12.	OFFICERS AND	DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICERS	Cha	
TITLE	D AANN DA HID	C) Milit					
NAME	AMIN, RAJU R.		1.2 NAME				
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STREET ADDRESS			5 3 S1RE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	61 TITLE			☐ Cha	ange Add
NAME			62 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY+ST-7IP			6.4 CITY	- ST - ZIP			
44 I horoby o	orlify that the information supplied wil	th this filing does not qualify for	r the even	ntion stated	in Section 119.07(3)(i), Florida Statutes. I furt	her certify that	at the informal
indicated of officer or of	on this annual report or supplemental	l annual report is tru <b>e and</b> accu iver or trustee empowered to e	irate and 1	nai my signa	ature shall have the same legal effect as if ma equired by Chapter 607, Florida Statutes; and	ade under dat	m; macram a