

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000036931 (0)

1. Corporation Name
DHARAM, INC.



Principal Place of Business: **3009 IRLO BRONSON MEMORIAL PKY KISSIMMEE FL 34741**
Mailing Address: **3009 IRLO BRONSON MEMORIAL PKY KISSIMMEE FL 34741**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 County: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 County: 30

3. Date Incorporated or Qualified: **05/10/1995**
3a. Date of Last Report: **05/10/1995**
4. FEIN Number: **59-3313355**
5. Certificate of Status Desired: Applied For: Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CHOKSHI, DINESH
201 PARK PLACE
SUITE #207
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
81 Name: **DHARMESH PATEL**
82 Street Address (P.O. Box Number is Not Acceptable): **3009 WEST VINE Street**
83 **KISSIMMEE**
84 City: **FL** 85 Zip Code: **34741**

11. Pursuant to the provisions of Sections 607.05(2) and 607.1505, Florida Statutes, the above named respondent with his best statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. They do accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 607.05(2) and 607.1505, Florida Statutes.

SIGNATURE: *Dharmesh Patel*

Date: **3/13/96**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	PATEL, DHARMESH B	
STREET ADDRESS	3009 IRLO BRONSON MEMORIAL PKY	
CITY- ST- ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntary, for use as I do not it qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 as if made under oath. That I am an officer or director of the corporation or the secretary or authorized person to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dharmesh Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 3/13/96

CR2E034 (12/95) 3-30-1996