

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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90035 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000040632V

1. Corporation Name  
B & T INVESTMENT OF SOUTH FLORIDA INC.

Principal Place of Business Mailing Address  
3780 OCDEE APOPKA RD.  
ORLANDO FLORIDA 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 SAME AS 1. 26 SAME AS 1.  
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
 23 City & State 28 City & State  
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
MAY 23, 1995  
 4. FEI Number Applied For  
59-3320694. Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BHOODRAM RAMJIT  
6952 Hyland Oaks Dr.  
ORLANDO FL 32818

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 BHOODRAM RAMJIT DATE 5/23/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<u>BHOODRAM RAMJIT</u> <input type="checkbox"/> DELETE
NAME	<u>BHOODRAM RAMJIT</u>
STREET ADDRESS	<u>6952 Hyland Oaks Dr.</u>
CITY-ST-ZIP	<u>ORL FL 32818</u>
TITLE	<u>NARPAI, JAYPAUL</u> <input type="checkbox"/> DELETE
NAME	<u>NARPAI, JAYPAUL</u>
STREET ADDRESS	<u>8300 STARR DRIVE ORL FL</u>
CITY-ST-ZIP	<u>32818</u>
TITLE	<u>RAMJIT SHEL</u> <input type="checkbox"/> DELETE
NAME	<u>RAMJIT SHEL</u>
STREET ADDRESS	<u>6952 Hyland Oaks Dr.</u>
CITY-ST-ZIP	<u>ORL FL 32818</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute 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, with all other like empowered.

SIGNATURE: BHOODRAM RAMJIT DATE 5/23/99 (407) 886-0700  
Signature and typed or printed name of signing officer or director Day Daytime Phone #

CR2E034 (1/98)