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

CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

P95000053074 (7) DOCUMENT #

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	JHP	<b>ENT</b>	ERPI	RISES,	INC.

Maling Address Principal Place of Business 1300 N. FEDERAL HWY. 1300 N. FEDERAL HWY. #102 #102 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 1,5-0592170 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite: Apt. #. etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199 032. Country Country Zip Yes No Fiorida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 REED, S. HOWARD Street Address (P.O. Box Number is Not Acceptable) 82 1300 N. FEDERAL HWY. 83 #102 **BOCA RATON FL 33432** 85 Zip Code 84 City 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 ruision to the provisions of accounts our mode and our mode changes, the above hands of provisions of accept the appointment as registered agent, or both, in the State of Florida Sincer 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 Statutos. (NOTE: Registers EAport signature required wiver recontaining Signature, typed as printed has estimple to od agent and tribill applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DELETE Change Addition 1.17006 TITLE PATEL, RAJENDRAKUMAR S 1.2 NAME NAME 6104 N.W. 24TH ST. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** 14 C/TY - ST ZIP CITY - ST - ZiP Change Addition DELETE. 2 11/16 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z-P 2.4 CITY - ST - ZIF Change Addition DEL E FE 3 1 THLE . TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP 3000018225d& -05/15/96--01053--**999** 0/3 Addition | [] DELETE 4.1 HUE TITLE 4.2 NAME + NAME \*\*\*200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CHTY - ST - ZIP ☐ Addition TT DELETE 5 1 Tiffle TITLE **300**00482 52 NAME NAME

14. I do hereby certify that the information supplied with this fring 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 indicated on this panual report is provided 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 Columbia to 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 changes of on a sattachment with an address

DELFIE

SIGNATURE: x

STREET ADDRESS

STREET ADDRESS

City-St-CiP

CITY-ST-ZIP

THILE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 C/TY - \$1 - ZIP

5.4 CITY - \$1 - ZIP

6 1 TITLE

6.2 NAME

3/15/96 2 (352) 236-3707

Change

Addition

(12/95)

CR2E034