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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000053602	(5)
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1. Corporation Name

PATEL MANAGEMENT, INC.

LUITE MUNDARMENTI MO					



	of Business	Mailing Address			I AMDLINA) IIN ANIMA MINIT MANIN KRI		
4872 CYPRE NUMBER 32 ORLANDO F		4872 CYPRESS WO NUMBER 321 ORLANDO FL 32811					
					3. Date Incorporated or Qualified 07/12/1995	3a. Date of l	Last Report
2. Principal Place	ce of Business • 1810 BRONSON Hwy	2a. Mailing Address 26 5875 W.	IPIN I	Repaired Hall	4. FEI Number 593328 5	לכ	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		20,103.00	Certificate of Status Desired	\$	8.75 Additional
22 K/55 City & State	IMMEE	City & State	Œ				Fee Required
23 FLUIZ	10,4	28 FLORIDA		•	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou		8. This corporation has liability for in	ntangible tax ur	
24 3474	9, Name and Address of Currer	29 34746	30 (· s.A.	Florida Statutes Yes		
	9, Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New Re	gistered Age	nt
B&C CC	DRPORATE SERVICES OF CEN	TOAL EL INC					
	ORANGE AVENUE	TIVAL I E-1111O.		82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
SUITE 1			ŀ	83			
ORLAND	DO FL 32801		-	84 City		 8	5 Zip Code
44 15	the are delene of Darker over oree	1007 4500 5					
or registered	o agent, or both, in the State of Herk	da. Such chance was authoriz	zed by the c	re named corpora orporation's board	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of changir intment as regi	ng its registered office istered agent. I am
ramiliar with	, and accept the obligations of, Sect	ion 607.0505, Florida Statute:	S.			Ū	J
SIGNATURE	ignature, typical or printed name of registered agent	and title it applicable (N	OTE: Registered	Agent signature required	wher relistating)	DATE	
12.	OFFICERS AN	************************	13.		ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12
THLE	D	DELETE	- 1.111	lE T		[] ()	hange Addition
						L., 0	Tango Lastici,
NAME	PATEL, ARVIND	; 	1,2 NA	ME			La Pidamen
Į.	4872 CYPRESS WOODS DI	RIVE, #321	1,2 NA	ME REET ADDRESS			
NAME STREET ADDRESS CITY+ST-ZIP			1,2 NA 1,3 STI 1,4 CR	REET ADDRESS Y-ST-7IP			
NAME STREET ADDRESS CITY-ST-ZIP TILE	4872 CYPRESS WOODS DI	RIVE, #321	1.2 NA 1.3 STI 1.4 CR 2. 1 TC	HEET ADDRESS Y-ST-74P LE		CI	
NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME	4872 CYPRESS WOODS DI		1,2 NA 1,3 STI 1,4 CN 2,1 TC 2,2 NA	HEET ADDRESS Y-ST-ZIP LE ME			
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4. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Mesidial Cist

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