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PROFIT
CORPORATION
ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000059763 (9)

Corporation Name	INC.								
Principal Place of Busin	ness		ing Address				Q	T) ((()) (()) (()) (()) (()) (()) (())	MITAR ATT 1841
4700 DIXIE HWY NE 8507 PAJARO CT PALM BAY FL 32905 ORLANDO FL 32836									
PALM BAT FL 325	v3		One moo is a series			3. Date Incorporated or Qua	lified 3a. Da	ite of Last Rep	ort
						07/28/1995			
Principal Place of B	Business	2a.	Mailing Address			4. FEI Number 59-3379	199	<u> </u>	plied For at Applicable
		26				 	\$8.75		
Suite, Apt. #, etc.		<u>├</u>	Suite, Apt. #, etc.			Certificate of Status Desir	ed 📋	Fee Requ	
City & Ctolo			City & State			6. Election Campaign Financing	oing \square	\$5.00 May Be	
City & State		28	÷ '		Trust Fund Contribution		Added		
Zip	Country	,	Ζφ	Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes		99,032,	
<u> </u>	25 me and Address of Cu	29 urrent Registere	tered Agent	30		10. Name and Address of New Registered Agent			
9. 1	vame and Address of Co	unem negas	ereo rigoria	81	Name				
DATE! RHI	CHARHAI I		82		Street Ad	ldress (P.O. Box Number is Not Ad	ceptable)		
PATEL, BHIKHABHAI L 4700 DIXIE HWY NE									
PALM BAY F					1			r	
				84	City		F	E 85 Zip	Code
or registered age familiar with, and	accept the obligations of,	Section 607.	0505, Florida Stalute	os.		poration submits this statement for oard of directors. I hereby accept t			agent I am
or registered age familiar with, and SIGNATURE	in the State of accept the obligations of,	Section 607.	0505. Florida Statute	os.		andware mistargi ADDITIONS/CHANGES	TO OFFICERS A	and Director	RS IN 12
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1 or nevery certify that the information required it is amusal report or supplemental and all report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental and all report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trestee en powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changud, or on an attachment with an address.

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OF DIRECTOR

356-3195