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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000066703 (6)

1. Corporation Name  
TAJMAHAL, INC.

Principal Place of Business  
1423 N BERMUDA AVE  
KISSIMMEE FL 34741

Mailing Address  
1423 N BERMUDA AVE  
KISSIMMEE FL 34741-3212



2. Principal Place of Business

21 1413 N. BERMUDA AVE  
Suite, Apt #, etc.

22 City & State  
Kissimmee FL  
Zip Country  
34741 U.S.A.

24 34741 25 U.S.A.

2a. Mailing Address

26 1413 N. BERMUDA AVE  
Suite, Apt #, etc.

27 City & State  
Kissimmee FL  
Zip Country  
34741 USA

29 34741 30 USA

3. Date Incorporated or Qualified  
08/28/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3333652

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAWBURY, SALAUDDIN  
2804 N BERMUDA AVE  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name ARIFUR R. PATWARY  
82 Street Address (P.O. Box Number is Not Acceptable)  
11940 Reedy Creek Dr.  
83 Apt 307  
84 City ORLANDO FL 85 Zip Code 32836

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: x Arifur R. Patwary

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/S  
NAME CHAWBURY, SALAUDDIN  
STREET ADDRESS 2804 N BERMUDA AVE  
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ DELETE

TITLE VP  
NAME RAHMAN, MAJIBUR  
STREET ADDRESS 3804 N BERMUDA AVE  
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME ARIFUR R. PATWARY  
1.3 STREET ADDRESS 11940 Reedy Creek Dr. Apt 307  
1.4 CITY-ST-ZIP ORLANDO FL 32836 ☒ Change ☐ Addition

2.1 TITLE K.P.  
2.2 NAME KATY PATWARY  
2.3 STREET ADDRESS 11940 Reedy Creek Dr Apt 307  
2.4 CITY-ST-ZIP ORLANDO FL 32836 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: x Arifur R. Patwary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Daytime Phone #

CR2E034 (9/96)