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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P95000076144 (1)

ATAL PATEL, INC.



Principal Place of Business 6695 HGWY. 200 HERNANDO FL 34443		Mailing Address 6895 HGWY. 200 HERNANDO FL 3444	-				
					3. Date Incorporated or Qualified 10/03/1995	3a. Date of Last	Report
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	L	TAppliedfor
21		26			65-0615795		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				\$8.3	75 Additional
22	- · · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired	1 1	e Required
City & State		City & State			6. Election Campaign Financing	- \$5.	.00 May Be
Z ip	Country	28			Trust Fund Contribution	Add	ded to Fees
24 34442	25	Zp	Countr	у	8. This corporation has liability for		s 199.032,
24 34442	9. Name and Address of Cur	29 34442	30			i 🗌 No	
	The state of the s	rom megistered Myelit		1 Name	10. Name and Address of New F	Registered Agent	
DATE	LADCUAD		°				
PATEL, HARSHAD 6695 HGWY. 200			82	Street Ac	dress (P.O. Box Number is Not Acceptat N. Florida Ave.	ole)	
	3W1. 200 NDO FL 34443		83		n. riorida Ave.		
FICHIA	4DO FL 34443		0.	1			
			84	1 City		85	Zıp Çode
11. Pursuant to	the provisions of Sections 607.05	02 and 607 1508 Florida State	ites the above	Panied arriv	oration submits this statement for the pur		Zip Code 4442
familiar witt	o agent, or both, in the State of FI i, and accept the obligations of, Sa	onda. Such change was authori oction 607 0606. Florido St. 4.4.	zed by the con	poration's be	ioration submits this statement for the pur pard of directors. Thereby accept the app	ointment as register	ed agent Tanı
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Department of the exemptor of true exemptor or true exemptor is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address

Label 14-30-96

SIGNATURE:

Department of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name and the properties of the corporation or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name of the corporation of the corporation or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name of the corporation of the corporation or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name of the corporation of the corpor