

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000076144 (1)

1. Corporation Name

ATAL PATEL, INC.

Principal Place of Business

**6695 HGWAY. 200
HERNANDO FL 34443**

Mailing Address

**6695 HGWAY. 200
HERNANDO FL 34443**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34442

25

29

34442

30

9. Name and Address of Current Registered Agent

**PATEL, HARSHAD
6695 HGWAY. 200
HERNANDO FL 34443**

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

4. F&I Number

65-0615795

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2300 N. Florida Ave.

83

84 City

FL

85 Zip Code
34442

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:

Signature, typed or printed name of registered agent and block 13 applicable

(If Officer, Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PATEL, HARSHAD**
STREET ADDRESS **6695 HGWAY. 200**
CITY-ST-ZIP **HERNANDO FL 34443**

TITLE **D** ☐ DELETE
NAME **PATEL, HOHINI**
STREET ADDRESS **6695 HGWAY. 200**
CITY-ST-ZIP **HERNANDO FL 34443**

TITLE **D** ☐ DELETE
NAME **PATEL, ARVIND**
STREET ADDRESS **6695 HGWAY. 200**
CITY-ST-ZIP **HERNANDO FL 34443**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **2300 N. Florida Ave.**
1.4 CITY-ST-ZIP **Hernando, FL 34442**

2.1 TITLE
2.2 NAME **Patel, Mohini** ☒ Change ☐ Addition
2.3 STREET ADDRESS **2300 N. Florida Ave.**
2.4 CITY-ST-ZIP **Hernando, FL 34442**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2300 N. Florida Ave.**
3.4 CITY-ST-ZIP **Hernando, FL 34442**

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

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

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

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

Daytime Phone #

CR2E034 (12/95)