

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 # P95000081534 (6)

1. Corporation Name

SRP LUXMI, INC.

Principal Place of Business

ROUTE 4 BOX 80  
CHIPLEY FL 32428

Mailing Address

ROUTE 4 BOX 80  
CHIPLEY FL 32428



2. Principal Place of Business		2a. Mailing Address	
21 1700 MAIN ST.		26 1700 MAIN ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Route 4, Box 80		27 ROUTE 4, Box 80	
City & State		City & State	
23 CHIPLEY FL		28 CHIPLEY FL	
Zip	Country	Zip	Country
24 32428	25	29 32428	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/20/1995	
4. FEI Number	Applied For
59-3350696	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PATEL, H  
ROUTE 4 BOX 80  
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	Route 4, Box 80, 1700 MAIN ST.
83	
84 City	CHIPLEY
85 Zip Code	FL 32428

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 title if applicable

(NOTE - Registered Agent signature required when reappointing)

3/28/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. PATEL	1.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 80	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. PATEL	2.2 NAME	
STREET ADDRESS	1406 US 27 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

PRESIDENT

3/28/96 (904) 632 853

CR2E034 (12/95)