

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000029809

1. Corporation Name

RONAK CORPORATION OF CENTRAL FLORIDA

Principal Place of Business: 37802 15TH AVE. ZEPHERHILLS, FL. 33541
Mailing Address: 37802 15TH AVE. ZEPHERHILLS, FL. 33541

3. Date Incorporated or Qualified: 04-01-96
3a. Date of Last Report

2. Principal Place of Business: 21 24357 HWY 46
2a. Mailing Address: 26 24357 HWY 46

4. FEI Number: 65-0659787
Applied For: Not Applicable

Suite, Apt. #, etc. (22, 27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23): SORRENTO, FL.
City & State (28): SORRENTO, FL.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24): 32776
Country (25): LAKE
Zip (29): 32776
Country (30): LAKE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICOLE GROTH
37802 15TH AVE.
ZEPHERHILLS, FL. 33541

81 Name: DAKSHA PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 24357 HWY 46
83
84 City: SORRENTO, FL. 32776 FL 85 Zip Code: 32776

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: *D. V. Patel*

02-19-97

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

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, DAKSHA	1.2 NAME	
STREET ADDRESS	24357 HWY 46	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO, FL. 32776	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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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)(b), 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: *D. V. Patel*

02-19-97

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #