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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068491

1. Corporation Name

JALARAM OF ORMOND, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90044 018 ***150.00

Principal Place of Business		Mailing Address	Mailing Address					
The death many		775 SOUTH NOVA RO						
ORMOND BEACH FL 32174 ORMOND BEACH FL			32174			DO NOT WRITE IN T	HIS SPACE	•
						3. Date Incorporated or Qualifed	- -	
•						08/14/1996	•	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	App	plied For
21		26				59-3398637	Not	Applicable
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22	·	27				5. Certifcate of Status Desired	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.		□ No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registe	red Agent	
	7.5	and the state of t		81 N	Name			
PAT	EL, BINA N			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SOUTH NOVA ROAD			•				
ORM	MOND BEACH FL 32174			83	•			
	•			24	D14 -		85 Zip C	ode 1
				84 0	City		FL 👸 🚟 🤇	,00e
SIGŅATURĒ	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered	Agent sig	gnature required	d when reinstating) DATE		<u>.</u>
12.	Signature, typed or printed name of registere OFFICERS	S AND DIRECTORS	13.		gnature required	when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		
12. TITLE	Signature, typed or printed name of registere OFFICERS		13. ΓΕ 1.1 Π	TLE .	gnature required		AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registere OFFICERS P PATEL, BINA N	S AND DIRECTORS	13. ΓΕ 1.1 Π 1.2 Ν	TLE			AND DIRECTO	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registere OFFICERS P PATEL, BINA N 775 S. NOVA RD	S AND DIRECTORS	13. ΓΕ 1.1 Π 1.2 N 1.3 S	TLE AME TREET AD	DDRESS		AND DIRECTO	
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14. I 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, with all other like empowered.

6.4 CITY+ST-ZIP