

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

FILED
Feb 11 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000041259 (7)**

1. Corporation Name
SAI RAM, INC.

Principal Place of Business

**1125 N. YOUNG BLVD.
CHIEFLND FL 32626**

Mailing Address

**1125 N. YOUNG BLVD.
CHIEFLND FL 32626**



DO NOT WRITE IN THIS SPACE

| | | | |
|--|------------------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 1088 US Hwy 301 | 26 1088 US Hwy 301 S. | 3. Date Incorporated or Qualified 05/05/1997 | |
| Suite, Apt. #, etc. | | 4. FEI Number 59-3446503 | |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State BALDWIN FLORIDA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 BALDWIN FLORIDA | 28 BALDWIN, FL | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 32234 | 25 DUVAL | 29 32234 | |
| 30 DUVAL | | | |

9. Name and Address of Current Registered Agent

**PATEL, KOKILA M
1125 N. YOUNG BLVD.
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent

81 Name **RAM M.G. NARAYAN**
82 Street Address (P.O. Box Number is Not Acceptable)
1088 US Hwy 301 SOUTH
83
84 City **BALDWIN** FL 85 Zip Code **32234**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

02/02/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NARAYAN, RAM M | 1.2 NAME | |
| STREET ADDRESS | 1088 HIGHWAY 301 SOUTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BALDWIN FL 32234 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL, KOKILA M | 2.2 NAME | |
| STREET ADDRESS | 1125 N. YOUNG BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIEFLND FL 32626 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAH, REKHA P | 3.2 NAME | |
| STREET ADDRESS | 601 2ND AVE. N. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREAT FALLS MT 59401 | 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 | |

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 any attachment with an address.

SIGNATURE:

Ram Narayan

01/22/98

CR2E034 (10/97)