**PROFIT** CORPORATION **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90017 023 \*\*\*150.00

/ <b>.</b>	MENT # P98000 ITRAM, INC.	044778				14
Principal Place	of Business	Mailing Address			i i i i i i i i i i i i i i i i i i i	INTER BROTE FORTH CENTER FOLLOWS
8257-6 NORMAN JACKSONVILLE	NDY BLVD.	8257-6 NORMANDY BLVD. JACKSONVILLE FL 32221			DO NOT WRITE IN THIS	SDACE .
						3FACE
					3. Date Incorporated or Qualifed	
		T. O. 31 77 - 411			05/15/1998 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address			59-3512791	Not Applicable
Suite, Apt.	*	Suite, Apt. #, etc.				\$8.75 Additional
22	r, etc.	27			5. Certificate of Status Desired	Fee Required
City & State		- City & State -			6: Election Campaign Financing	\$5.00 May Ba
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year int	
24	25	29 3	0		Personal Property Tax.	[]Yes
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Apent
	n nathu o		81 N	łame		
	el, rahul s 1-6 normandy blvd.		82 S	treet Addres	ss (P.O. Box Number is Not Acceptable)	
	-6 NORMANDT BLVD. (SONVILLE FL 32221	•	83			
JACI	SOMVILLE PL SZZZI		83			<u></u>
		•	84 C	City	FI	85 Zip Code
<u> </u>		and CO7 4500 Floride Statutes	the above n	amed corpo		changing its registe ed
office or n agent. I a	to the provisions of Sections of Floor egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autilions of, Section 607.0505, Florid	horized by the la Statutes.	corporation	ration submits this statement for the purpose of it's board of directors. I hereby accept the appoint	ntment as registerec
SIGNATURE	Signature, typed or printed name of registered agort	and title V sonicable. (NO) E: 8	egistered Agent eig	valure required t	ohen reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	1 1	AHUL S PATEL	[3 Change
NAME			1.2 NAME	R	AHUL SURMANDY.	ewd.
STREET ADDRESS			1.3 STREET ADI	DRESS   3	257 - E NORMAN 07	2.2/
CITY-ST-ZIP			1.4 CITY- ST-ZI	P =	TACKSONVILLE. FL. 32	[i] Change □ Addition
TITLE		☐ DELETE	2.1 TITLE	17.	ICK PRESIDENT	E3 Charge Account
NAME			2.2 NAME	[]	HIREN DESAL 110 COILINSRO APHA 110 TAX: PC = 3224	0610
STREET ADDRESS			2.3 STREET AD	DRESS E	110 COLLINSKY 14120	4
CITY-ST-ZIF		DELETE	3.1 TITLE	<u> </u>	JAX: 17 355	[] Change
TITLE			3.2 NAME	1		
NAME			3.3 STREET AD	DRESS		
-STREET ADDRESS	•		3.4. CITY-ST-Z			
TITLE		DELETE -	41 TITLE		المعالية المستخطرة ا	-[-] Change[-] Addition-
NAME			4.2 NAME	ì		1
STREET ADDRESS			4.3 ŞTREET ADI	DRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZE	Р		
TITLE		☐ DELETE	5.1 TITLE			[]Change [] Acdition
NAME			52 HANE	1		\
STREET ADDRESS			5.3 STREET ADD		·	
CITY-ST-ZIP	<u> </u>	<del></del>	54 CITY-ST-ZI	P		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE			☐] Change ☐ ArIdition   '
NAME	-		6.2 NAME	DOESC		(
STREET ADDRESS			6.3 STREET ADI	ſ		ļ
CITY-ST-ZIP			B.4 CITY-ST-ZE		1 440 07/0VD Flyddy Chattan I futbor on	4if. that the information

Thereby 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.

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