

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S23661**

(9) 95 MAY 1 11:44 9:30

THE 1832 BUILDING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Registered Office Address 1825 JESS PARRISH CR TITUSVILLE FL 32796 US		2a. Mailing Address 1825 JESS PARRISH CT TITUSVILLE FL 32796 US		3. Date of Incorporation (or Address) 01/07/1991		3b. Date of Last Report 05/01/1994	
2. Filing Agent Name (if Applicable) 21		2a. Mailing Agent Name 26		4. FEI Number 59-3048310		Applied For Not Applicable	
22		27		5. Certificate of Status Granted <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Excess Campaign Financial Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent BHALANI, KANTILAL 1095 N WASHINGTON AVE TITUSVILLE FL 32796				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box or Nonprofit Mail Address) B3 B4 City FL B5 Zip Code			

11. I, the undersigned, hereby certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Florida Statutes Chapter 190, Florida Statutes. I further certify that this information is related to this general report or supplemental annual report in this and in Florida and that my signature shall have the same legal effect as if it were made by the registered agent or officer or director. I hereby accept the appointment as registered agent. I am a resident of the State of Florida as of the date of filing this report as required by Chapter 190, Florida Statutes.

SIGNATURE: *[Signature]* X

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER OFFICERS
NAME: D OSTOSKI, GARY STREET ADDRESS: 2405 GARDEN STREET CITY: TITUSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DVP SAYAM, VERMA STREET ADDRESS: 801 GARDEN STREET CITY: TITUSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SD SALIB, SAMI K. STREET ADDRESS: 1825 JESS PARRISH COURT CITY: TITUSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DT BROWN, W. ALSTON III STREET ADDRESS: 500 N WASHINGTON AVE CITY: TITUSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D KANTILAL H., BHALANI STREET ADDRESS: 1095 N. WASHINGTON AVE CITY: TITUSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: *[Signature]* X 5-1-95