

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90160 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S23661
 1. Corporation Name
THE 1832 BUILDING, INC.

Principal Place of Business 1825 JESS PARRISH CR TITUSVILLE FL 32796 US	Mailing Address 1825 JESS PARRISH CT TITUSVILLE FL 32796 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 01/07/1991	4. FEI Number 59-3048310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1875 Garden Street
 83
 84 City **Titusville** FL 85 Zip Code **32796**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	OSTOSKI, GARY	1.2 NAME	
STREET ADDRESS	2405 GARDEN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYAM, VERMA	2.2 NAME	
STREET ADDRESS	801 GARDEN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIB, SAMI K.	3.2 NAME	
STREET ADDRESS	1825 JESS PARRISH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, W. ALSTON III	4.2 NAME	
STREET ADDRESS	500 N WASHINGTON AVE	4.3 STREET ADDRESS	2705 Nottingham Court
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Titusville FL 32796
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTILAL H., BHALANI	5.2 NAME	
STREET ADDRESS	1095 N WASHINGTON AVE	5.3 STREET ADDRESS	1785 Garden Street
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	Titusville FL 32796
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 an attachment with an address, with all other like empowered.

SIGNATURE: Sami K Salib Sami K Salib M 3/4/99 Date 407-267-6796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)