

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

APPROVED
AND
FILED

95 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S46999** (6)
1. Corporation Name
RAJPATIE MUHAMMAD, INC.

Principal Place of Business Mailing Address
3300 E SR 46 SANFORD FL 32771 **3300 E SR 46 SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/22/1991** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3062197** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**MUHAMMAD, R.
3300 E. SR 46
SANFORD FL 32771**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when incorporating)

Signature of Registered Agent (Required when incorporating)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
01. NAME P MUHAMMAD, R.	02. STREET ADDRESS 576 STILLWATER DR.	03. CITY, STATE, ZIP OVIEDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. NAME	05. STREET ADDRESS	06. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. NAME	08. STREET ADDRESS	09. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	11. STREET ADDRESS	12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	14. STREET ADDRESS	15. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	17. STREET ADDRESS	18. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	20. STREET ADDRESS	21. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	23. STREET ADDRESS	24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME	26. STREET ADDRESS	27. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	29. STREET ADDRESS	30. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 607.0602(4)(b), Florida Statutes. I further certify that this information is filed as the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made in the county that I am an officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1599

FD-300 (Rev. 11-83)