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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

21. Principal Place of Business	26. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. 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	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	FL
B3.	
B4. City	

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.	01. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS	576 STILLWATER DR.	02. STREET ADDRESS	
03. CITY, ST. ZIP	OVIEDO FL	03. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. NAME		04. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. STREET ADDRESS		05. STREET ADDRESS	
06. CITY, ST. ZIP		06. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. NAME		07. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08. STREET ADDRESS		08. STREET ADDRESS	
09. CITY, ST. ZIP		09. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST. ZIP		15. CITY, ST. 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)