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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1996**DOCUMENT #

S55564

(6)

JAY JALARAM CORPORATION							IAN ANTO ATOM BIOLOMAN
Principal Place	e of Business	Mailing Address				Barra Bara Barah Barra B	/Bil 6:5:4 6:6:1 8/5:1 188!
640 SOUTH RIDGEWOOD AVE. 640 SOUTH RIDGEWOOD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 3			EWOOD AVE. I FL 32114				
2 5: : - 5					3. Date Incorporated or Qualified 05/28/1991	3a. Date of La	st Report 20/1995
Principal Place of Business     The Principal Place of Business		2a. Mailing Address			4. FEI Number	) OE/E	Applied For
Suite, Apt. #, etc.		26	<del></del>		E0.2000047		Not Applicable
22		Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired	□ \$8	.75 Additional
City & State		City & State				F	ee Required
23		28			Election Campaign Financing     Trust Fund Contribution		5.00 May Be
Zφ	Country	7:p	Country		<del></del>	A	dded to Fees
24	25	29	30		8. This corporation has liability for Florida Statutes Yes	Intangible tax unde S	rs 199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	Registered Agent	
DATE	L, REKHA		81 N	lame			
RANS	I, NENTA I. RIDGEWOOD AVE.		<b>82</b> S	Street Addres	ss (P.O. Box Number is Not Acceptat	رمار	
DAYTONA BEACH FL 32114			L., I	<u> </u>			
0,1,11	OIM DENOTITE 32114		83				
				lity		<b>—</b> 85	Zip Code
11. Pursuant te	o the provisions of Sections 607.05	02 and 607,1508, Florada Statut	tes the above page	ad corporal	on submits this statement for the pur		
or registere familiar witt	ed agent or both, in the State of Fr h, and accept the obligations of Sc	orida. Such change was authorized for 607,0605. Florida Statutur	zed by the corporat	led corporat lion's board	on submits this statement for the pur of directors. Thereby accept the appo	pose of changing i	ts registered office
SIGNATURE	Polaha	Color of Statutes	S.		, in the second	370,310	red agent. Fam
	Signature, typed or printed have of registered ap	ent area title it applietable. (No	TIE Flogratered Agent sage	"d" ilio nocurrectiv	State room (at each	DATE 4/6	5/96
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	TORS IN 12
NAME	PATEL, REKHA	☐ DELÉTE	1 1 DILE			Chanc	
STREET ADDRESS	640 SOUTH RIDGEWOO	D AUF	1.2 NAME				
CITY-ST-ZIP	DAYTONA BEACH FL	D AVE.	1.3 STREET ADDE	RESS			
TITLE	S	☐ DELETE	1.4 TY-ST-ZIP	·			
NAME	PATEL, MAHENDRA	L'I pereit	2 1 ILF			☐ Cnang	e 🔲 Addition
STREET ADDRESS			2.23-ME				
CHTY - ST - ZIP	DAYTONA BEACH FL	, 114 Pr	2 3) REET ADDR				
TITLE		DELETE	2.4 TY-ST-ZIP				
NAME			3 2 ME			☐ Chang-	e 🔲 Addition
STREET ADDRESS			3.5 REET ADOR	RESS			
CITY - ST - ZIP			31 ST-21P				1
TITLE		☐ DELETE	4.			☐ Change	Addition
NAME			4			L_I change	LI WORLD:I
STREET ADDRESS			4 ADORE	ESS			1
CITY-ST-ZIP FITLE			4 51.70				
NAME		DELETE	5 t			☐ Change	Add-tion
STREET ADDRESS			5.				
CITY-ST-ZIP			5. E' ACIDRE	:SS			
ITLE		DELETE	5ST 7it'	- <del>- </del>			
LAME			6. IE			☐ Change	Addition
TREET ADDRESS			63 REET ADDRES	22			ļ
iTY-ST-ZIP			7 51 30				1
4. I do hereby o	certify that the information supplied	with this filing is voluntarily furnis	he. Desinot o	qualify for th	e exemption stated in Section 119.07	13MM Florido Ca-i	iton 16 mth
oath; that I a	ne information indicated on this ann im an officer or director of the corp llock 12 or Block 13 if changed, or	ual report or supplemental annu	al rep 📲 true and		nd that my signature shall have the saport as required by Chapter 607, Flori		

4/6/96

(464)252-4647