


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

APPROVED  
AND  
FILED

97 JUL -3 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>21814</u>					
1. Corporation Name <b>SURAJ INCORPORATED</b>					
Principal Place of Business <b>3690 N ATLANTIC AVD COCOA BEACH, FL 32931</b>			Mailing Address <b>3690 N ATLANTIC AVE COCOA BEACH, FL 32931</b>		

2. Principal Place of Business 21 <b>135 N.HWY 27/441</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>135 N.HWY 27/441</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04-01-1992</b>		3a. Date of Last Report	
22 City & State 23 <b>LADY LAKE, FLORIDA</b> 24 Zip <b>32159</b>		27 City & State 28 <b>LADY LAKE, FLORIDA</b> 29 Zip <b>32159</b>		4. FEI Number <b>59-3117301</b>		Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
26 Country		31 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
27 Country		32 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name <b>MAYUR M PATEL</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>135 N HWY 27/441</b>			
83				84 City <b>LADY LAKE</b>			
85 Zip Code <b>32159</b>				86 Zip Code <b>32159</b>			

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 Pradip R Patel **PRADIP R PATEL SECRETARY** DATE **06/19/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MAYUR M PATEL</b>		1.2 NAME	
STREET ADDRESS <b>135 N.HWY 27/441</b>		1.3 STREET ADDRESS <b>500002235265--7</b>	
CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>		1.4 CITY-ST-ZIP <b>-07/10/97--01090--006</b>	
TITLE <b>SECRETARY</b> <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PRADIP R PATEL</b>		2.2 NAME	
STREET ADDRESS <b>15729 VILLA DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HUDSON FL 34667</b>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: Pradip R Patel **PRADIP R PATEL SECRETARY**

06/19/97

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)