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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V54580** (8)

1. Corporation Name
SARDIN, INC.



Principal Place of Business

Mailing Address

**2828 SAFFRON CT.
ORLANDO FL 32837
US**

**P. O. BOX 691484
ORLANDO FL 32869
US**

2. Principal Place of Business

2a. Mailing Address

21 **2828 SAFFRON CT.**

26 **P.O. BOX 691484**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ORLANDO FL 32837**

27 **B**

City & State

City & State

23 **ORLANDO FL**

28 **ORLANDO FL**

Zip

Zip

Country

Country

24 **32837** 25 **U.S.**

29 **32869** 30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B
2828 SAFFRON CT.
ORLANDO FL 32837**

81 Name **BHARATKUMAR D. PATEL**

82 Street Address (P.O. Box Number is Not Acceptable)

2828 SAFFRON CT.

83

84 City **ORLANDO**

FL

85 Zip Code **32837**

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

Signature typed or printed name of registered agent and then signatory

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSTD**
STREET ADDRESS **PATEL, BHARATKUMAR D.**
CITY-STATE-ZIP **2828 SAFFRON CT.
ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **PATEL, SANJAYKUMAR**
CITY-STATE-ZIP **NO. 2 PENAIR LODGE
UNITED KINGDOM**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PATEL, PALLAVI D.**
CITY-STATE-ZIP **2828 SAFFRON CT.
ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bharat D. Patel
BHARATKUMAR D. PATEL

04/29/96

407-856-7122

CR2E034 (12/95)