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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V54580** (8)
1. Corporation Name
SARDIN, INC.

Principal Place of Business
**2828 SAFFRON CT
ORLANDO FL 32837
US**

Mailing Address
**P. O. BOX 691484
ORLANDO FL 32869-1484
US**

3. Date Incorporated or Qualified
07/29/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3135074	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 9330 W. HWY 192	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23 CLERMONT FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 34711	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, BHARATKUMAR D.	1.2 NAME	
STREET ADDRESS	2828 SAFFRON CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SANJAYKUMAR	2.2 NAME	
STREET ADDRESS	NO. 2 PENAIR LODGE	2.3 STREET ADDRESS	13427 HERON COURT DR.
CITY- ST- ZIP	UNITED KINGDOM	2.4 CITY- ST- ZIP	ORLANDO, FL 32837
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, PALLAVI D.	3.2 NAME	
STREET ADDRESS	2828 SAFFRON CT.	3.3 STREET ADDRESS	13883 OSPREY LINK RD.
CITY- ST- ZIP	ORLANDO FL	3.4 CITY- ST- ZIP	ORLANDO, FL 32837
TITLE		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		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		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:

P. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATEL, BHARATKUMAR - D. (PRESIDENT)

4/28/97 941-424-8420

Daytime Phone #

0000700

CR2E034 (9/96)