

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73452**

(7)

1. Corporation Name

ATISH, INC.



Principal Place of Business

**2113 W REYNOLDS ST
PLANT CITY FL 33567
US**

Mailing Address

**2113 W REYNOLDS ST
WALDEN LAKEWOOD APT 205
PLANT CITY FL 33567
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	2113 W REYNOLDS ST.	
22	City & State		27	PLANT CITY FL	
23	Zip	Country	28	Zip	Country
24	33567		29	33567	HILLSBOROUGH

3. Date Incorporated or Qualified
10/20/1992

3a. Date of Last Report
04/24/1995

4. FET Number

59-3147434

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PATEL, SATISH
2113 W REYNOLDS ST
WALDEN LAKEWOOD APT 205
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent

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)

Typed Name of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SATISH	2. NAME	
STREET ADDRESS	2113 W REYNOLDS ST	3. STREET ADDRESS	
CITY-STATE-ZIP	PLANT CITY FL	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. 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

SATISH PATEL

1/2/96

813-754-4839

CR2E034 (12/95)