

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H08317 (0)**

1. Corporation Name
MNM MOTELS, INC.

Principal Place of Business Mailing Address
923 JULIE LANE 923 JULIE LANE
LAKELAND FL 33813-2137 LAKELAND FL 33813-2137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1984** 3a. Date of Last Report **03/24/1994**

4. FEI Number **59-2422553** 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

2. Principal Place of Business 2a. Mailing Address
21 **100 MOSELEY AVE** 26 **244 NORTH FLORIDA AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **PALATKA, FLORIDA** 28 **LAKELAND, FLORIDA**

Zip Country Zip Country
24 **32177** 25 **USA** 29 **33801** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEV, MAHENDRA
923 JULIE LANE
LAKELAND FL 33803

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	\$
NAME	DEV, MAHENDRA
STREET ADDRESS	923 JULIE LANE
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	DEV, JYOTI MAHENDRA
STREET ADDRESS	923 JULIE LANE
CITY - ST - ZIP	LAKELAND FL
TITLE	P
NAME	PATEL, MOHANBHAI D.
STREET ADDRESS	1503 EDMOND DRIVE
CITY - ST - ZIP	SAN CARLOS CA
TITLE	T
NAME	PATEL, BHARTIBEM M.
STREET ADDRESS	1503 EDMOND DRIVE
CITY - ST - ZIP	SAN CARLOS CA
TITLE	VP
NAME	PATEL, NATUBHAI D.
STREET ADDRESS	1819 MONTECITO WAY
CITY - ST - ZIP	BURLINGAME CA
TITLE	D
NAME	PATEL, NARMADABEN N.
STREET ADDRESS	1819 MONTECITO WAY
CITY - ST - ZIP	BURLINGAME CA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MAHENDRA DEV **MAHENDRA DEV** 3-18-95 **3-18-95** 813-687-2530 **813-687-2530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #