

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H08317** (0)

1. Corporation Name

MNM MOTELS, INC.



Principal Place of Business

Mailing Address

100 MOSELEY AVE
PALATKA FL 32177
US

244 NORTH FLORIDA AVE.
LAKELAND FL 33801
US

3. Date Incorporated or Qualified: **06/12/1984**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number	Applied For
59-2422553	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. 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

DEV, MAHENDRA
923 JULIE LANE
LAKELAND FL 33803

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 244 NORTH FLORIDA AVE
83	
84	City LAKELAND
85	Zip Code FL 33801

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: Mahendra Dev (MAHENDRA DEV, SECRETARY) DATE: 3-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	DEV, MAHENDRA	
STREET ADDRESS	923 JULIE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEV, JYOTI MAHENDRA	
STREET ADDRESS	923 JULIE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PATEL, MOHANBHAI D.	
STREET ADDRESS	1503 EDMOND DRIVE	
CITY-ST-ZIP	SAN CARLOS CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PATEL, BHARTIBEM M.	
STREET ADDRESS	1503 EDMOND DRIVE	
CITY-ST-ZIP	SAN CARLOS CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATEL, NATUBHAI D.	
STREET ADDRESS	1819 MONTECITO WAY	
CITY-ST-ZIP	BURLINGAME CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, NARMADABEN N.	
STREET ADDRESS	1819 MONTECITO WAY	
CITY-ST-ZIP	BURLINGAME CA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	244 NORTH FLORIDA AVE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	244 NORTH FLORIDA AVE
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 607, 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 DATE: 3-25-96 941-687-2530

CR2E034 (12/95)