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FILED
Mar 05 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 # H08317 (0)

1. Corporation Name
MNM MOTELS, INC.



Principal Place of Business: **100 MOSELEY AVE PALATKA FL 32177 US**
 Mailing Address: **244 NORTH FLORIDA AVE. LAKELAND FL 33801-4900 US**

3. Date Incorporated or Qualified: **06/12/1984** 3a. Date of Last Report: **03/28/1996**
 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
DEV, MAHENDRA
244 NORTH FLORIDA AVE
LAKELAND FL 33801

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	DEV, MAHENDRA
STREET ADDRESS	224 NORTH FLORIDA AVE
CITY - ST - ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEV, JYOTI MAHENDRA
STREET ADDRESS	224 NORTH FLORIDA AVE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: **MAHENDRA DEV** 2/26/97 941-687-2570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)