

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90219 030 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H08317**

1. Corporation Name
MNM MOTELS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**100 MOSELEY AVE
 PALATKA FL 32177
 US**

Mailing Address
**244 NORTH FLORIDA AVE.
 LAKELAND FL 33801
 US**

3. Date Incorporated or Qualified
06/12/1984

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 244 NORTH FLORIDA AVE

2a. Mailing Address
26 244 NORTH FLORIDA AVE

Suite, Apt. #, etc.
27

City & State
23 LAKELAND, FLORIDA

City & State
28

Zip Country
24 33801 25 USA

Zip Country
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 **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 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 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, with all other like empowered.

SIGNATURE: *Mahendra Dev* MAHENDRA, DEV 2-11-99 941-687-2530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)