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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000051029 (2)

FLORIDA MOTELS GROUP, INC.

FLORIDA WOTELS GROUP, INC.								
Principal Place	e of Business	Mailing A	ddress) (40 () () () () ()	ELLD ELGEN ENIÈ LANÀ
1417 8 UNIVERSITY DR			1417 S UNIVERSITY DR					
PLANTATION FL \$3324		PLANTAT	PLANTATION FL 33324			DO NOT WRITE	E IN THIS SPACE	:
						3. Date Incorporated or Qualified	HIJ OI AUL	·
						06/13/1996		
2. Principal P	face of Business	2a. Mailing	g Address			4. FEI Number		Applied For
21		26			_	65-0680092		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional
22		27						ee Required
City & State		City & State				6. Election Campaign Financing		5.00 May Be
Zip Country		Zip Country			,	Trust Fund Contribution Added to Fees		
24	<u></u>		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9, Name and Address of Curren		~ 				10. Name and Address of New Registered Agent		<u> </u>
DC!	NJEVIC, RADOMIR		<u> </u>	61	Name			
1417 \$ UNIVERSITY DR				-	Daniel Artis	(FIG. Day Manufacture Visit Alanda	-1-1	
PLANTATION FL 33324			82	Street Addir	ess (P.O. Box Number is Not Acceptal	Die)		
· ·				83				
			84	0.5		log I	7:- Code	
				04	City		FL 85	Zip Code
								ing its registered
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 objection 607 0505, Florida Statutes.								
ł	Ludniiii (10)	SINCE	7				42	7-18
	Synature, typed or product name of a girterod ago	J	ale (NOTE		nt signature requir	ed when reinstating)	DATE	
12.	OFFICERS AN	O DIRECTORS	DELETE	13.	·····	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	
TITLE	PENJÉVIC, RADOMIR			1.1 TITLE			CII	range Tt voornou
NAME OVERT ADDRESS	4971 SW 94TH AVE			1.2 NAME	I D D D D D D D D D D D D D D D D D D D			
STREET ADDRESS	COOPER CITY FL 33328			1.3 STREET	ì			
CITY-ST-ZIP TITLE	D	·	DELETE	1.4 CITY - S 2.1 TITLE	1-7P		☐ Ch	ange Addition
NAME	PENJEVIC, MILIVOJE			2.2 NAME				ange
STREET ADDRESS	1238 HOLLYWOOD BLVD			2.3 STREET	ADOBECC			
CITY-ST-ZIP	HOLLYWOOD FL 33019			2.3 STREET				
TITLE	1000000		DELETE	31 TITLE	, , , , , , , , , , , , , , , , , , ,		Ch	ange Addition
NAME				3.2 NAME	}			-
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - S	ST-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Ch	ange 🔲 Addition
NAME				4, 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Ch	ange Addition
NAME				5.2 NAME	İ			
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Doruge	5.4 CITY - S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Ch	ange L Addition
NAME				6.2 NAME				
STREET ADDRESS	is the second			6.3 STREET	i			
CITY-ST-ZIP				6.4 CITY-S	T-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 in an appear of the receiver of trustee and that my name appears in Block 12 or Block 13 if changed in an appear of the receiver of trustee and that my name appears in Block 12 or Block 13 if changed in a supplemental annual report of the receiver of trustee and that my name appears in Block 12 or Block 13 if changed in a supplemental annual report of the receiver of trustee and that my name appears in Block 12 or Block 13 if changed in a supplemental annual report of the receiver of trustee and that my name appears in Block 12 or Block 13 if changed in a supplemental annual report of the receiver of trustee and that my name appears in Block 12 or Block 13 if changed in a supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in a supplemental report as required by Chapter 607, Florida Statutes.

CIONATURE.

4-27-98

FILED

May 05 1998 8:00am

Secretary of State