FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR 21 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 365616 (2)

1. Corporation Name
AMARA HOTELS INC

Principal Place of Business
P.O. BOX 9344
DAYTONA BEACH FL 32120

Mailing Address
P.O. BOX 9344
DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1970
3a. Date of Last Report: 09/01/1994

2. Principal Place of Business
21 1100 Main Street
Suite, Apt. #, etc. 22
City & State 23 Daytona Beach, FL
Zip 24 32116 Country 25 Volusia

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1980853 — 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

9. Name and Address of Current Registered Agent
AMARA, MICHAEL
2422 GUAVA DR.
DAYTONA BEACH FL 32124

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	P
NAME	AMARA, MICHAEL
STREET ADDRESS	P.O. BOX 9344
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	VD
NAME	AMARA, DONALD
STREET ADDRESS	100 THAMES AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P SAME	☐ Change ☐ Addition
1.2 NAME	AMARA, MICHAEL	
1.3 STREET ADDRESS	P.O. BOX 9344	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32120	
2.1 TITLE	VST	☒ Change ☐ Addition
2.2 NAME	Marie Hollinshead	
2.3 STREET ADDRESS	Box 150, Victorville, CA 92393	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Susan A. Amara	
3.3 STREET ADDRESS	2422 Guava Drive	
3.4 CITY-ST-ZIP	Daytona Beach, FL 32124	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: Michael A. Amara — Michael A. Amara — 3/16/95 — 904-255-8584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400230 FP