

# 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 # **365616** (2)

1. Corporation Name

**AMARA HOTELS INC**

Principal Place of Business

**1100 MAIN ST  
DAYTONA BEACH FL 32116  
US**

Mailing Address

**P.O. BOX 9344  
DAYTONA BEACH FL 32120  
US**



3. Date Incorporated or Qualified  
**06/12/1970**

3a. Date of Last Report  
**03/21/1995**

2. Principal Place of Business

21. **1100 Main Street**  
Suite, Apt. #, etc.

2a. Mailing Address

26. **1100 Main Street**  
Suite, Apt. #, etc.

4. FEI Number  
**59-1980853**

Applied For  
☐ Not Applicable

22. **Daytona Beach, FL**  
City & State

27. **Daytona Beach, FL**  
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. **32116**  
Zip Country

28. **32116**  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24. **32116**  
Zip Country

29. **32116**  
Zip Country

10. Name and Address of New Registered Agent

**AMARA, MICHAEL  
2422 GUAVA DR.  
DAYTONA BEACH FL 32124**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 Miami application

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE  
**P  
AMARA, MICHAEL  
P.O. BOX 9344  
DAYTONA BEACH FL**  
☐ DELETE  
**VST  
HOLLINSHEAD, MARIE  
BOX 150  
VICTORVILLE CA**  
☐ DELETE  
**D  
AMARA, SUSAN A.  
2422 GUAVA DR  
DAYTONA BEACH FL**  
☐ DELETE  
☐ DELETE  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-96** **904-322-0525**  
Date Daytime Phone #

CR2E034 (12/95)