

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

FILED

Apr 14 1997 8:00am
Secretary of State

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **585613** (3)

1. Corporation Name
I.K. REGENCY INNS, INC.

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|---|--|
| Principal Place of Business 101 W BURLEIGH BLVD TAVERES FL 32778 US | Mailing Address 101 W BURLEIGH BLVD TAVERES FL 32778-2405 US |
|---|--|



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|--------------------------------|-------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/06/1978 | 3a. Date of Last Report 04/19/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-1853708 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**PATEL, KRISHNA M.
2090 SORSEX DR.
MOUNT DORA FL 32757**

**NEW
Add. →
change
ONLY**

10. Name and Address of New Registered Agent

| | |
|--|------------------------------|
| 81. Name PATEL, KRISHNA M | 85. Zip Code 32778 |
| 82. Street Address (P.O. Box Number is Not Acceptable) 101 W BURLEIGH BLVD | |
| 83. City TAVERES | 84. State 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PATEL, KRISHNA M. | | 1.2 NAME | |
| STREET ADDRESS 101 W BURLEIGH BLVD | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP TAVERES FL | | 1.4 CITY - ST - ZIP | |
| TITLE SD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PATEL, INDU K. | | 2.2 NAME | |
| STREET ADDRESS 101 W BURLEIGH BLVD | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP TAVERES FL | | 2.4 CITY - ST - ZIP | |
| TITLE S | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KEYUR, PATEL K | | 3.2 NAME | |
| STREET ADDRESS 101 W. BURLEIGH BLVD | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP TAVERES FL | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 607.0503(1), 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, changed or on an addition or with an address.

SIGNATURE: **KRISHNA. PATEL** 4/2/97 352-343-4666

CR2E034 (9/96)