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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 833825

1. Corporation Name

	MOTELS CORPORATION									
Principal Place	e of Business	Mailing Address						TENNI BER GINE		IBM BIBN BIBN IBM
1200 ANASTAS		1200 ANASTASIC AVE.								
CORAL GABLES FL 33134 CORAL GABLES FL 33134										
us us							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed	i		
				•			02/13/1975	_		
	lace of Business	2a. Mailing Address			_	.4.	FEI Number		. [-]	Applied For
21	Д _ ь_	26					59-1581122		60.7	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired	×		5 Additional Required
City & State	•	City & State				_	Fig. 6			
—	C	28				- 1	Election Campaign Financing Trust Fund Contribution	'		00 May Be ed to Fees
Zip	Country	Zip	Cou	ntrv			This corporation owes the cur	rent veer in		ed to rees
24	25	29	30			•.	Personal Property Tax.	irent year iii	Yes	□No
24	9. Name and Address of Current		[30]			10.	Name and Address of New	Registered		
				81	Name			÷		
Peli	LETIER, JIM				<u> </u>	(5				·
1200) ANASTASIC AVE.			82	Street Ad	idress (P	P.O. Box Number is Not Accep	table)		
COR	IAL GABLES FL 33134			83				_		W
!								_		
				84	City			FL	85 2	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	utes, the a	oove-r	named co	poration	n submits this statement for the		changing	its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was	authorized	by th	ne corpora	ation's bo	pard of directors. I hereby acce	pt the appo	intment a	s registered
.	m familiar with, and accept the obligat	ions or, section 607.0505, F	ionua Stati	nes.						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered	Agent s	signature requi	ired when re	einstating)	DATE	-	
12.	OFFICERS ANI			•					10 DIDE	TODE IN 12
TITLE		D DIKECTORS	13.				ADDITIONS/CHANGES TO O	FFICERS AI	AD DIKE	ATORS IN 12
	TDC	DELETE	1.1 10	ĽΕ			ADDITIONS/CHANGES TO O	FFICERS AI	Chan	
NAME	TDC PRESCOTT, T. GENE		_				ADDITIONS/CHANGES TO O	FPICERS AI		
NAME STREET ADDRESS			1.1 TT 12 NA	ME	DDRESS		ADDITIONS/CHANGES TO O	FPICERS AI		
STREET ADDRESS	PRESCOTT, T. GENE		1.1 Til 12 NA 1.3 ST	ME REET AL	1		ADDITIONS/CHANGES TO O	FFICERS AI		
	PRESCOTT, T. GENE BLDG #125 TYLER STREET		1.1 Til 12 NA 1.3 ST	ME REET AL IY-ST-2	1		ADDITIONS/CHANGES TO O	FPICERS AI		ge
STREET ADDRESS CITY-ST-ZIP	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ	☐ DELETE	1.1 Til 12 NA 1.3 ST 1.4 CI	ME REET AL TY-ST-Z	1		ADDITIONS/CHANGES TO O	FPICERS AI	Chan	ge
STREET ADORESS CITY-ST-ZIP TITLE	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST	☐ DELETE	1.1 Til 12 NA 1.3 ST 1.4 CF 2.1 Til 2.2 NA	ME REET AL TY-ST-Z LE ME	1		ADDITIONS/CHANGES TO O	FPICERS AI	Chan	ge
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM	☐ DELETE	1.1 TTI 12 NA 1.3 ST 1.4 CI 2.1 TTI 2.2 NA 2.3 ST	ME REET AL TY-ST-Z LE ME	ZIP DDRESS		ADDITIONS/CHANGES TO O	-FILERS AI	Chan	ge
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE.	☐ DELETE	1.1 TTI 12 NA 1.3 ST 1.4 CI 2.1 TTI 2.2 NA 2.3 ST	ME REET AL TY-ST-Z LE ME REET AL TY-ST-Z	ZIP DDRESS		ADDITIONS/CHANGES TO O	-	Chan	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES FL	☐ DELETE	1.1 TTI 12 NA 1.3 ST 1.4 CI 2.1 TTI 2.2 NA 2.3 ST 2.4 CI	ME REET AF TY-ST-Z LE ME REET AF TY-ST-Z	ZIP DDRESS		ADDITIONS/CHANGES TO O		☐ Chan	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES FL V	☐ DELETE	1.1 Til 12 NA 1.3 ST 1.4 CI 2.1 TII 22 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	ME REET AL LE ME REET AL TY-ST-: LE ME	ZIP DDRESS		ADDITIONS/CHANGES TO O		☐ Chan	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES FL V KIMBALL, RUSSELL A.	☐ DELETE	1.1 Till 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	ME REET AL TY-ST-Z LE ME REET AL TY-ST-Z LE ME REET AL	DDRESS ZIP DDRESS		ADDITIONS/CHANGES TO O		☐ Chan	ge Addition
STREET ADDRESS, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES FL V KIMBALL, RUSSELL A. 1160 GULF BLVD	☐ DELETE	1.1 Till 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	ME REET AI TY-ST-Z LE ME REET AI TY-ST LE ME REET AI TY-ST	DDRESS ZIP DDRESS		ADDITIONS/CHANGES TO O	FFICERS AI	☐ Chan	ge Addition ge Addition ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES FL V KIMBALL, RUSSELL A. 1160 GULF BLVD CLEARWATER FL D	□ DELETE	1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 22 NA 2.3 ST 2.4 CI 3.1 TII 32 NA 3.3 ST 3.4 CI	ME REET AI Y-ST-2 LE ME REET AI TY-ST-2 LE ME REET AI TY-ST-1 LE LE	DDRESS ZIP DDRESS		ADDITIONS/CHANGES TO O		☐ Chan	ge Addition ge Addition ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES FL V KIMBALL, RUSSELL A. 1160 GULF BLVD CLEARWATER FL D KAY, ROBERT B. 1 DAG HAMMARSKJOLD PLAZ	DELETE DELETE	1.1 TIT 12 NA 1.3 ST 1.4 CI 2.1 TIT 22 NA 2.3 ST 2.4 CI 3.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	ME YY-ST-2 LE ME REET AI TY-ST-1 LE ME REET AI REET AI LE ME REET AI ME REET AI ME REET AI ME ME ME ME ME ME ME ME ME M	DDRESS DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		ADDITIONS/CHANGES TO O	FFICERS AI	Chan	ge Addition ge Addition ge Addition
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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: