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SECOND NOT	ICE: CORPORATION WILL BE N OR BEFORE 8/2/95: \$225 (IF DI88	DISSOLVED ON OR AFTE	R AU	GUS!	T 0, 1995 MATE: \$378).)					
PROFIT FLORIDA DEPAR CORPORATION Sandra B ANNUAL REPORT Secretar			TMENT OF STATE			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT # F60172	(6)					95 JUN 11	4 NM	9: 01		
KING'S	MOTEL, INC.										
Principal Place	of Business Bronson Memoria	Mailing Address 4836 WEST IRLO BRONSON	MEMO	DRIAL I	HWY.						
KISSIMMEE FL		KISSIMMEE FL 34746					DO NOT WRITE	IN THIS S	PACE.		İ
US						3. Date Incor	rporated or Qualified		e of Last Rep /01/1994	ort	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Numb			 	optied For of Applicable]
Suite, Apt. /	#, etc.	Suite, Apt. #, etc.				5. Certificate	of Status Desired		\$8.75 / Fee Ro		
City & State		City & State	_				ampaign Financing d Contribution		\$5.00 Added I		
7in 24	Country 25	Zio 30	_	untry		A This coroo Florida Sta	oration has liability for il	ntangible ti	ex under s. 1	99.032.	1
	9. Name and Address of Current		1			10. Name an	d Address of New R	egistered	Agent		1
KING, LES	SLIE E. RLO BRONSON MEM HWY			\Box	Name Street Addre	oss (P.O. Box Nu	mber is Not Acceptable	le)			
	E FL 34746			83							1
				84	City			FL	85 Zip (Code	1
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of. Section	la. Such change was authorized b	he abo ly the o	ove-nar	med corpora ation's board	ation submits this d of directors. I h	statement for the purpereby accept the appoint	pose of ch pintment as	anging its reg registered a	istered office gent. I am	
SIGNATURE _		MOTE II		1 400000 0		when renstating		DATE			
12.	Signature, typod or printed name of registured agent in OFFICERS AND		13.	- Again	- Charles		S/CHANGES TO OFFI		DIRECTOR	S IN 12	<u>8</u>
TITLE	P		117	IILE					Change	Addition	9
NAME	KING, LESUE E.		12 N								
STREET ADDRESS CITY ST ZIP	4836 W IRLO BRONSON HWY KISSIMMEE FL			TREET AL	1						CR2E034 (3/95)
TITLE	D		2 1 11						Change	Addition	۲
NAME	KING, EVELYN M. 4836 W IRLO BRONSON HWY		22 N	IAME TREET AL	pppree						
STREET ADDRESS CITY ST-ZIP	KISSIMMEE FL			:ITY - ST -							
TITLE	V		3110						Change	Addition	1
HAME	ANTAYA, WINIFRED J.	;	32 N								-
STREET ADORESS	4838 W.IRLO BRONSON HWY.			STREET A	l l						
CITY-ST 7IP	KISSIMMEE FL ST		34C 41T	ITLE	ZIP				Change	Addition	1
NAMI	ANTAYA, ARTHUR		42 N								
STREET ADDRESS	4836 W.IRLO BRONSON HWY.		435	GIREET AL	DORESS						
CITY ST 7/P	KISSIMMEE FL			ITY - ST	ZIP				Change	Addition	-
11111			5111 5214		†				C"1 Cuantia	□ vadilin()	
NAME STREET ADDRESS				AAML STREET AL	DDNESS						
CALL ST THE		;	4	CITY ST]
title			617						Change	Addition	
PLANE!	[62 N	IAME	1						1

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further cartify 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 outh, that I mit 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.

6.3 STREET ADDRESS

64 CHY ST ZIP

STREET ADDRESS

CITY ST ZIP

SIGNATURE: BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OF PART OR DIRECTOR

6-8-95 407 396 4762

COF ANNU	PROFIT RPORATION JAL REPORT 1995		71	B. Mortham ary of State			r (1990) SECRET DIVISION (1	FILED APY OF S	STATE RATIONS	
Corporation	MENT # F		(6)				Se film	14 14.): () ()	
incipal Place	of Business		Mailing Address			_				
11 South-West Third Street Accornick Building Mami Fl 33130			111 SOUTHWEST THIRD STREET MCCORNICK BUILDING MIAMI FL 33130			DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report				
						02/16/1982		01/1994		
Principal Pi	lace of Business	<u></u>	2a. Mailing Address			4. FEI Number 59-2159236			plied For at Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	<u> </u>		Certificate of Status Desired		\$8.75 A	Additional	
City & State	е		City & State		-	Election Campaign Financing Trust Fund Contribution		\$5.60 Added t	o Fees	
Zip	25	· /-	- Z‡¢ 19	Countr 30	ī'i	8. This corporation has liability for Florida Statutes		ix under 5. 19	00.032,	
 		ress of Current Re		130		10. Name and Address of New		Agent		
	IICK BUILDING 33130			83	3 4 City		22.0	85 Zip (Code	
MIAMI FL	33130 to the provisions of Se red agent, or both, in ti th, and accept the obli			84 es, the above ed by the cor	4 City -named corpo- poration's boa	oration submits this statement for the pard of directors. I hereby accept the ag				
Pursuant or register familiar wi	33130		tie if applicable (NO	84 es, the above ed by the cor	4 City		ourpose of cha opointment as	anging its reg registered a	istered offi gent. I am	
Pursuant or rogister familiar with INATURE	to the provisions of Sered agent, or both, in tith, and accept the oblining the series of the control of the co	me of registered against and the OFFICERS AND DIF	tie if applicable (NO	BE Ropsiend Ap 13. 1 Title 12 NAME 13 STREE	4 City -named corporation's board agration and agration agration and the text of the text	ed when reinstating;	ourpose of cha opointment as	anging its reg registered a	istered offi gent. I am	
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MIAMI FL Pursuant or register familiar we shall	to the provisions of Sered agent, or both, in tith, and accept the oblining the series by certify that the information by certify that the information and the series of the series and the series of	MARD J.	this filing is voluntarily furn	B4 B4 B5 B5 B6 B7 B6 B7	4 City	ed when reinstating;	DATE DATE LEICERS AND 19.07(3)[k], Fig.	DIRECTORS DIRECTORS Change Change Change Change	istered offigent. I am 5 IN 12 Addit Addit Addit	