

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F93000002566 (8)**  
1. Corporation Name  
**MOTEL CONTRACTORS, INC.**

Principal Place of Business      Mailing Address

**710 ROUTE 46 EAST  
210  
FAIRFIELD NJ 07004  
US**

**710 ROUTE 46 EAST  
210  
FAIRFIELD NJ 07004  
US**

2. Principal Place of Business	2a. Mailing Address
21 <b>710 Route 46 East</b>	26 <b>710 Route 46 East</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite 210</b>	27 <b>Suite 210</b>
City & State	City & State
23 <b>Fairfield NJ</b>	28 <b>Fairfield NJ</b>
Zip      Country	Zip      Country
24 <b>07004</b> 25 <b>U.S.A.</b>	29 <b>07004</b> 30 <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report

**06/02/1993**      **05/01/1994**

4. FEI Number      Applied For

**22-3173070**      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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed in parentheses of registered agent and then I approve.      (Date) Registered Agent Signature required when re-elected.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODIE, SAMUEL</b>	12 NAME	
STREET ADDRESS	<b>710 ROUTE 46 EAST</b>	13 STREET ADDRESS	
CITY ST ZIP	<b>FAIRFIELD NJ 07004</b>	14 CITY ST ZIP	
TITLE	<b>VD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, PETER E</b>	22 NAME	
STREET ADDRESS	<b>710 ROUTE 46 EAST</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>FAIRFIELD NJ 07004</b>	24 CITY ST ZIP	
TITLE	<b>SD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAUB, MELVIN S</b>	32 NAME	
STREET ADDRESS	<b>710 ROUTE 46 EAST</b>	33 STREET ADDRESS	
CITY ST ZIP	<b>FAIRFIELD NJ 07004</b>	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(b), 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. 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: **X Samuel Brodie**      4-25-95    201-882-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone

**Samuel Brodie, President**