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

Mailing Address

SUITE 950

500 E BROWARD BLVD

FT LAUDERDALE FL 33394-3002

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

500 E BROWARD BLVD

FT LAUDERDALE FL 33394

SUITE 950

US



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12 1997 8:00am

Secretary of State

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

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500006065 (5)

EXTENDED STAY AMERICA, INC.

| 1                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           |                                                       | 12/13/1995                                   | 03/             | 28/1996         |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---------------|-----------|-------------------------------------------------------|----------------------------------------------|-----------------|-----------------|---------------------|--|
| 2.                                                                                                                                                           | Principal Pla                                                                                                                                                                                                                                                                                                                                                           | ace of Business         | 2a. Mailing Address     |               |           |                                                       | 4. FEI Number                                |                 | Aç              | plied For           |  |
| 21                                                                                                                                                           | 450 E.                                                                                                                                                                                                                                                                                                                                                                  | CAS OCAS BLVD           | 26 450 E. LAS OLAS BLUD |               |           | 36-3996573                                            |                                              | No              | t Applicable    |                     |  |
|                                                                                                                                                              | Suite, Apt. f                                                                                                                                                                                                                                                                                                                                                           |                         | Suite, Apt. #, etc.     |               |           | 5. Certificate of Status Desired                      |                                              | \$8.75          | Additional      |                     |  |
| 22                                                                                                                                                           | Suite                                                                                                                                                                                                                                                                                                                                                                   | lloo                    | 27 Suite 1100           |               |           | 5. Certificate of Status Desired                      | <u> </u>                                     | Fee Re          | quired          |                     |  |
|                                                                                                                                                              | City & State                                                                                                                                                                                                                                                                                                                                                            |                         | City & State            |               |           | _                                                     | 6. Election Campaign Financing               |                 | \$5.00          | May Be              |  |
| 23                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         | auderdale ifl           | 28 fort LAUDER          | DAL           |           | <u> </u>                                              | Trust Fund Contribution                      |                 | Added           | o Fees              |  |
|                                                                                                                                                              | Zip                                                                                                                                                                                                                                                                                                                                                                     | Country                 | Zip                     | _             | untry     |                                                       | 8. This corporation has liability to         |                 | tax under s     | 199,032,            |  |
| 24                                                                                                                                                           | 3330                                                                                                                                                                                                                                                                                                                                                                    |                         | 29 33301                | 30            | <u>05</u> | <b>)</b>                                              |                                              |                 | No              |                     |  |
| 9. Name and Address of Current Registered Agent                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           | -                                                     | 10. Name and Address of New Registered Agent |                 |                 |                     |  |
| C T CORPORATION SYSTEM                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           | Name                                                  |                                              |                 |                 |                     |  |
|                                                                                                                                                              | 1200 SOUTH PINE ISLAND ROAD                                                                                                                                                                                                                                                                                                                                             |                         |                         |               |           | 82 Street Address (P.O. Box Number is Not Acceptable) |                                              |                 |                 |                     |  |
| ĺ                                                                                                                                                            | PLA                                                                                                                                                                                                                                                                                                                                                                     | NTATION FL 33324        |                         |               |           | 83                                                    |                                              |                 |                 |                     |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           |                                                       |                                              |                 |                 |                     |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           | City                                                  |                                              |                 | les l Zin i     | Code                |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           |                                                       |                                              | FL              | <b>85</b> Zip ( | 700e                |  |
| 1                                                                                                                                                            | 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 title it applicable. (NOTE: Registered Agent signature required when reinstating)   DATE |                                                                                                                                                                                                                                                                                                                                                                         |                         |                         |               |           |                                                       |                                              |                 |                 | <del></del>         |  |
| 1:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         | OFFICERS AND            |                         | 13.           |           |                                                       | ADDITIONS/CHANGES TO OFF                     | ICERS AND       | DIRECTOR        | S IN 12             |  |
| TI                                                                                                                                                           | TLE                                                                                                                                                                                                                                                                                                                                                                     | CCOB                    | DELETE                  | 1.1           | TITLE     | . ,                                                   |                                              |                 | ☐ Change        | Addition            |  |
| l N                                                                                                                                                          | AME                                                                                                                                                                                                                                                                                                                                                                     | HUIZENGA, H W           |                         | 1,21          | NAME      |                                                       |                                              |                 |                 |                     |  |
| S                                                                                                                                                            | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                           | 200 S. ANDREWS AVENUE   |                         | 1.3           | STRFFT    | ADDRESS                                               |                                              |                 |                 |                     |  |
|                                                                                                                                                              | ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                              | ET LAUDEDDALE EL AGGGA  |                         |               | CITY-S    |                                                       |                                              |                 |                 |                     |  |
|                                                                                                                                                              | TLE                                                                                                                                                                                                                                                                                                                                                                     | PCEO                    | DELETE                  | 2.1 TiTL      |           | 1-40                                                  |                                              |                 | Change          | Addition            |  |
| ł                                                                                                                                                            | AME                                                                                                                                                                                                                                                                                                                                                                     | INTRACT OFFICE OF       |                         |               | 2.2 NAME  |                                                       |                                              |                 | _ '             | _                   |  |
|                                                                                                                                                              | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                           | 200 S. ANDREWS AVENUE   |                         |               |           | ADDRESS                                               | ·                                            |                 |                 |                     |  |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         | FT. LAUDERDALE FL 33301 |                         | 2. 4 CITY-ST- |           |                                                       |                                              |                 |                 |                     |  |
|                                                                                                                                                              | TLE                                                                                                                                                                                                                                                                                                                                                                     | CFOT                    | DELETE                  | 3.1 TITLE     |           | 11-214                                                | 1                                            | <del>, t </del> | Change          | Addition            |  |
| i                                                                                                                                                            | AME                                                                                                                                                                                                                                                                                                                                                                     | BRANNON, ROBERT A       |                         |               | NAME      |                                                       |                                              |                 |                 | hand I to a control |  |
| 1                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                         | 200 S. ANDREWS AVENUE   |                         |               |           | IDDDCCC                                               |                                              |                 |                 |                     |  |
| 1                                                                                                                                                            | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                           | FT. LAUDERDALE FL 33301 |                         |               |           | ADDRESS                                               |                                              |                 |                 |                     |  |
|                                                                                                                                                              | ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                              | V V                     | DELETE                  | _             | City-S    | ,(-ZIP                                                |                                              |                 | ☐ Change        | Addition            |  |
|                                                                                                                                                              | TLE                                                                                                                                                                                                                                                                                                                                                                     | · •                     |                         |               | TITLE     |                                                       |                                              |                 | [] Citalige     | Land Admitton       |  |
|                                                                                                                                                              | ame                                                                                                                                                                                                                                                                                                                                                                     | OAKES, CORRY W          |                         |               | NAME      |                                                       |                                              |                 |                 |                     |  |
|                                                                                                                                                              | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                           | 961 EAST MAIN STREET    |                         |               |           | ADDRESS                                               |                                              |                 |                 |                     |  |
|                                                                                                                                                              | ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                              | SPARTANBURG SC 29302    | T beleve                |               | CITY-S    | I-ZIP                                                 |                                              |                 |                 | T A CROSS           |  |
|                                                                                                                                                              | TLE                                                                                                                                                                                                                                                                                                                                                                     | V ANOUNE D              | ☐ DELETE                |               | TITLE     |                                                       |                                              |                 | Change          | Addition            |  |
| 1                                                                                                                                                            | AME                                                                                                                                                                                                                                                                                                                                                                     | BECK, MICHAEL R         |                         |               | NAME      |                                                       |                                              |                 |                 |                     |  |
| S                                                                                                                                                            | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                           | 961 EAST MAIN STREET    |                         |               |           | ADDRESS                                               |                                              |                 |                 |                     |  |
|                                                                                                                                                              | ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                              |                         |                         |               | CITY-S    | T-ZIP                                                 |                                              |                 |                 |                     |  |
| 11                                                                                                                                                           | TLE                                                                                                                                                                                                                                                                                                                                                                     | ASAT                    | ☐ DELETE                | 6.1           | TITLE     | 1                                                     |                                              |                 | ☐ Change        | Addition            |  |
| N                                                                                                                                                            | AME                                                                                                                                                                                                                                                                                                                                                                     | MOXLEY, GREGORY R       |                         | 6.2           | NAME      |                                                       |                                              |                 |                 |                     |  |
| s                                                                                                                                                            | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                           | 981 EAST MAIN STREET    |                         | 6.3           | STREET    | ADDRESS                                               |                                              |                 |                 |                     |  |
|                                                                                                                                                              | TY-51-70F                                                                                                                                                                                                                                                                                                                                                               | SPARTANBURG SC          |                         |               | CITY-S    |                                                       |                                              |                 |                 |                     |  |
| 1                                                                                                                                                            | 14. I do 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; the |                         |                         |               |           |                                                       |                                              |                 |                 |                     |  |
| 1                                                                                                                                                            | 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 it made under path; 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             |                         |                         |               |           |                                                       |                                              |                 |                 |                     |  |