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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F96000005057 (2)

SHIV INN, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	ddress							
PO BOX 859 WEATHFORD OK 73096 PO BOX 859 WEATHFORD OK 73096										
						[	DO NOT WRITE IN THIS SPACE			
							<ol> <li>Date Incorporated or Qualified 09/30/1996</li> </ol>			
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Ар	plied For
21		26					73-1395198		No	Applicable
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	B.75 A	dditional
22		27	27				5. Certificate of Status Desired		Fee Re	quired
City & State		City &	City & State				6. Election Campaign Financing		5.00	
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	_	Country	У	Į.	8. This corporation owes or has p		_	
24	25	29	31	0			Personal Property Tax due Jur			l No
	9. Name and Address of Curren	t Registered A	gent		1 1		10. Name and Address of New F	legistered Ager	11	
	TEL, VASANT B			81	l Nam	ne	·			
906 E BRANDON BLVD					Stree	et Addres	s (P.O. Box Number is Not Accepte	able)		
BRANDON FL 33511					<u> </u>					
				63	1					
				84	City			FL 85	Zip C	ode
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508	Florida Statutes	the abov	/e-name	ed cornor	ation submits this statement for the		naina its	registered
office or r	egistered agent, or both, in the State	of Florida, Such	n change was aut	horized b	ly the co	orporation	i's board of directors. I hereby acc	ept the appointr	nent as	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Sectio	n 607.0505, FIORG	oa Siaiule	95.					
SIGNATURE	Signature, typed or printed name of registered age	of and title it applicat	la (NOTE: F	Registered Ac	ient signati	ture required	when reinstating)	DATE		
12.	OFFICERS AND		(4.5.1.)	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTOR	S IN 12
TITLE	DCP		DELETE	1.1 TITLE					Change	Addition
NAME	PATEL, CHAMPAK B			1.2 NAME						ł
STREET ADDRESS	1008 MANOR HILL DR			1.3 STREE	T ADDRESS	is l				
CITY-ST-ZIP	NORMAN OK 73072			1.4 CITY -						
TITLE	DCV		DELETE	2.1 TITLE	-, -,				Change	Addition
NAME	GOSSMAN, DEAN			2.2 NAME						
STREET ADDRESS	920 STONEGATE				T ADDRESS	is l	-			
CITY-ST-ZIP	WEATHERFORD OK 73096		1	2. 4 CITY-		~				
TITLE	DS ·		DELETE	3.1 TITLE	<u> </u>				Change	Addition
NAME	PATEL, VASANT B			3.2 NAME		1				
STREET ADDRESS	906 E BRANDON BLVD				T ADDRESS	35				
	BRANDON FL 33511			3.4. CITY-		-				İ
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	O1-EIF				Change	Addition
NAME				4. 2 NAME	;				•	-
STREET ADDRESS					T ADDRESS	25				
						~				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY- 5.1 TITLE		-			Change	Addition
				5.2 NAME		1		_		
NAME .					T ADDRESS					
STREET ADORESS						10				
CITY-ST-ZIP			DELETE	5.4 CITY -	31-ZP	+			Change	☐ Addition
TITLE			been	6.1 TITLE		1			o- ango	
NAME				6.2 NAME		<u>,                                     </u>				
STREET ADORESS					T ADDRES!	»				
CITY-ST-ZIP	pertify that the information supplied w	ith this files do	es not qualify for t	6.4 CITY-		ated in Se	ection 119.07(3)(i) Florida Statutes	I further certify	that the	information

4. I hereby certify that the information supplied with this firing 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 figural feets to 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 receipt of 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 attactive of with an address.

9 12 98

813-633-3318