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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	EW MOTEL, INC.								
Principal Place of Business 3500 EASTERN BLVD. MONTGOMERY AL 36116		Mailing Address 3500 EASTERN BLVD. MONTGOMERY AL 36116-1781						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						3. Date incorporated or Qualified 12/10/1996	3a . Da	ate of Last R	ep or t
	lace of Business	2a. Mailing Address				4, FEI Number	E & O E	_ 	plied For
Suite, Apt.	# 610	Suite, Apt. #, etc.			APPLIED FOR 63-118		\$8.75 A	t Applicable	
22	#, 0to.		27			5. Certificate of Status Desired		Fee Re	
City & State	0	City & State			6. Election Campaign Financing	<u></u>	\$5.00		
23 Zip	Country	28	7ip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29		30			8. This corporation has ilability for intangible tax under s. 199.032, Florida Statutes			
	9, Name and Address of Curre		1991			10. Name and Address of New Reg	jistered .	Agent	
CTO	CORPORATION SYSTEM		81	1	Namo				
	SOUTH PINE ISLAND ROAD		82	2	Street Addre	Idress (P.O. Box Number is Not Acceptable)			
PLAN	NTATION FL 33324		83	2					
			84	4	City		FL	85 Zip (Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	ites, the about authorized b forida Statute	ve os.	-named corpo the corporatio	oration submits this statement for the p on's board of directors. I hereby accep	urpose of I the app	changing if continued in the continued i	s registered registered
SIGNATURE	Signature, typed or printed name of registered ac	pent and title if sophicable (NC	DIE: Registered A	oen	nt signature require	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE			1.1 1111.6	1.1 TITLE -				Change	Addition
NAME	ARONOV, JAKE F		1	1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS 1.4 City-St-Zip						
CITY-ST-ZIP TITLE	MONTGOMERY AL 36116				- 7IP			Change	Addition
NAME	ARONOV, OWEN W	C VECTO	22 NAME						
STREET ADDRESS	3500 EASTERN BLVD.			2.3 STREET ADDRESS					
CITY-ST-ZIP	MONTGOMERY AL 36116		2, 4 CITY	· S1	1 - ZIP				
TITLE	ST				☐ Change			Addition	
NAME	AUTREY, JENNIFER P								
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	MONTGOMERY AL 36116	Y AL 36116 3.4			1 - ŽIP			Change	Addition
NAME		LLI VICE	4. 2 NAM						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			4.4 CITY	- 81	1 - 74P				
TITLE		☐ DELFTE	51 THLE					☐ Change	Addition
NAME	·		5,2 NAME	Ε					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				5.4 CHY-ST-ZIP 6.1 TITLE				Change	_ Addition
TITLE NAME			6.2 NAME					Onlange	L HOURION
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6,4 CITY		1				
14. I do here	by certify that the information suppli	ed with this filing does not qua	slify for the ex	ker	mption stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the
l am an c	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed,	ar the receiver or trustee empo	wered to exc	OOL OUI	ute this report	my signature shall have the same loga as required by Chapter 607, Florida S	tatules; a	and that my r	aer pain; mat jame

SIGNATURE:

334-277-100

FILED

May 05 1997 8:00am

Secretary of State