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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

600001515046
-06/16/95--01031--025
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # G08606

1. Corporation Name
MARYLAND MOTEL ASSOCIATES INC.

Principal Place of Business	Mailing Address
3425 US 98 North Lakeland, Florida 33809	3425 US 98 North Lakeland, FL 33809

3. Date Incorporated or Qualified: 11/17/1982
3a. Date of Last Report: 04/94

2. Principal Place of Business	2a. Mailing Address
21	26 3425 US 98 North
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 Lakeland, Florida
Zip / Country 24 / 25	Zip / Country 29 33809 / 30

4. FEI Number: 59-2238497 ☐ Applied For ☐ 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	10. Name and Address of New Registered Agent
MITHA AMIN 400 WINDERMERE DRIVE LAKELAND, FLORIDA 33809	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 400 WINDERMERE DRIVE 83 84 City: LAKELAND FL 85 Zip Code: 338?7

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] AMIN MITHA PRES. 5/30/95
Signature required. Typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	MITHA AMIN	12 NAME	
STREET ADDRESS	400 WINDERMERE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL. 33809	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MITHA NIZAR	22 NAME	
STREET ADDRESS	9210 BAYPOINT DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32819	24 CITY-ST-ZIP	
TITLE	T.	31 TITLE	☐ Change ☐ Addition
NAME	MITHA AMIN	32 NAME	
STREET ADDRESS	400 WINDERMERE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33809	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] AMIN MITHA PRES. 5/30/95 941-858-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number