SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DIVISION OF CORPORATIONS
95 MAY 15 PM 3:19

DOCUMENT # **G13840** **(5)**

1. Corporation Name
FRONTIER MOTEL, INC.

Principal Place of Business	Mailing Address
2050 E. IRLO BRONSON MEM. HWY. KISSIMMEE FL 34744	~~2050 E. IRLO BRONSON MEM. HWY.~~ ~~KISSIMMEE FL 34744~~ 3223 US 98 (AT I-4) LAKELAND, FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1982	3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-2249896	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 3223 US 98 (AT I-4)
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 Crossroads Inn
City & State: 23	City & State: 28 Lakeland, Fl 33805
Zip: 24 / County: 25	Zip: 29 33805 / County: 30 Polk

9. Name and Address of Current Registered Agent

KING, GEORGIA
4045 S ORANGE BLOSSOM TR
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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

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 _____ (If changing Registered Agent, Signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/V	☑ Change ☐ Addition
NAME	KHIMANI, ARIFF	12 NAME	ARIFF KHIMANI	
STREET ADDRESS	2050 E. IRLO BRONSON MEM. HWY.	13 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP		
TITLE	VST	21 TITLE	S/T	☑ Change ☐ Addition
NAME	~~KHIMANI, HANIF~~	22 NAME	GEORGIA KING	
STREET ADDRESS	4045 S ORANGE BLOSSM TRL	23 STREET ADDRESS	4045 S. ORANGE BLOSSOM TR.	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO, FL 32839	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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		

CR2E034 (3/95)

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: Georgia King GEORGIA KING 6-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0110222 CP