

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:00

DOCUMENT # J20598

(5)

1. Corporation Name

ISLAMORADA INN, INC.

Principal Place of Business

103 CALOOSA STREET
TAVERNIER FL 33070

Mailing Address

103 CALOOSA STREET
TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/23/1986

3a. Date of Last Report
07/18/1994

4. FEI Number
59-2693040

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

21 107900 OVERSEAS HWY

2a. Mailing Address P.O. BOX # 1453

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 KEY LARGO

City & State

28 KEY LARGO - FL

Zip

24 FL 33037

Country

25 U.S.A.

Zip

29 33037

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PATEL, YOGENDRA C.
103 CALOOSA STREET
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name

YOGENDRA C. PATEL

82 Street Address (P.O. Box Number is Not Acceptable)

107900 OVERSEAS HWY

83

84 City

KEY LARGO

FL

85 Zip Code

33037

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 if applicable.

YOGENDRA C. PATEL (PRESIDENT)

1/25/95

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, YOGENDRA C.
STREET ADDRESS	103 CALOOSA ST.
CITY-ST-ZIP	TAVERNIER FL
TITLE	D
NAME	PATEL, SHAILESH C.
STREET ADDRESS	103 CALOOSA ST.
CITY-ST-ZIP	TAVERNIER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	PATEL, YOGENDRA C.	
1.3 STREET ADDRESS	107900 OVERSEAS HWY	
1.4 CITY-ST-ZIP	KEY LARGO - FL 33037	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	PATEL, SHAILESH C.	
2.3 STREET ADDRESS	107900 OVERSEAS HWY	
2.4 CITY-ST-ZIP	KEY LARGO - FL 33037	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(k), 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 incorporator 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:

YOGENDRA C. PATEL (PRESIDENT)

1/25/95

(Title)

(Signature/Name)