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 # J24664

LEISURE MOTEL, INC.

(1)

FILED Jan 15 1998 8:00am Secretary of State

Principal Place of Business 28475 S. FEDERAL HIGHWAY HOMESTEAD FL 33030		Mailing Address 28475 S. FEDERAL HIGHWAY HOMESTEAD FL 33030			IN THIS SPACE	B44 81911 B1811 4581		
					3. Date Incorporated or Qualified 07/18/1986			
2. Principal P	lace of Business	2a. Mailing Address 26 /223 MG	154	V. (U.S.1)			Applied for Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	CIT		5. Certificate of Status Desired	1 1	75 Additional ee Required	
City & State		City & State 28 / LO/LIDA		Election Campaign Financing Trust Fund Contribution		.00 May Be		
Zip	Country 25	Zip	Coun 30 D	try ADE	This corporation owes or has pa Personal Property Tax due June	id the current yes	ar Intangible	
					10. Name and Address of New Re			
PATEL, DAYABHAI A. 28475 SOUTH FEDERAL HIGHWAY								
HOMESTEAD FL 33030				Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
			8	33				
			8	34 City		FL 85	Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of marking with, and accept the obligate	l Florida. Such change was au	Jhorized.	by the corooratio	pration submits this statement for the points board of directors. I hereby acceptions	ourpose of chang of the appointmen	ing its registered nt as registered	
SIGNATURE	Signature, typod or printed name of registered agent.	and title if applicable (NOTE.	Registered a	Agent signature require	d when reinstature)	CAle		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITL	E	····	Cha	ange Addition	
NAME	PATEL, DAYABHA A. 28475 SOUTH FEDERAL HWY.		1.2 NAM	lt.			;	
STREET ADDRESS	HOMESTEAD FL			EFT ADDRESS				
CITY-ST-ZIP TITLE	170		2 1 TIFL	-ST-ZIP		Cha	ange Addition	
NAME	PATEL, DAYABHA A.		2 2 NAM			وري (۱۱۵	mgo	
STREET ADDRESS	28475 SOUTH FEDERAL HWY.			ET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		2 4 011	7 - \$1 - ZIP				
TITLE		DELETE	3.1 TITL	[Cha	nge Addition	
NAME]			3.2 NAM	É				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP				/·ST·ZIP				
TITLE		☐ DELETE	4.1 11111			☐ Cha	ange L Addition	
NAME			4 2 NAN					
STREET ADDRESS				ET AODRESS				
CITY-ST-ZIP TITLE		DELFTE	5.1 THE	-SI-ZIP		☐ Cha	inge Addition	
NAME		v.c	5.2 NAM	}		L_I Olia	go	
STREET ADDRESS				EL ADDRESS				
CITY-ST-ZIP				- S1 - ZIP				
TITLE		☐ DELETE	6.1 THLE		The state of the s	Cha	inge 🔲 Addition	
NAME			6.2 NAM	F				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST - ZIP				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exem	iption stated in S	Section 119.07(3)(i), Florida Statutes 1	further certify that	t the information	

indicated on this annual report or supplied with this ming does not quanty on the exemption stated in section 1 19.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental arrival report is true and accurate and that my signature shall have the same logal 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.

DAVARDON A