| ANNUA<br><b>1</b>  | POPIT<br>PORATION<br>AL REPORT<br>9966009  | Secre   | ARTMENT OF B. Morthaltary of State  | im<br>e  |  |                             |   |
|--|--|---|---|--|--|-----------------------------|---|
| Corporation I  |  | 89 (8)  |   |  |  |                             |   |
| NARAN  | JA MOTEL, INC.   |   |   |  |  |                             |   |
| ncipal Place   | of Business  | Mailing Address   |   | ,  |  |                             |   |
| 26476 S DIXIE<br>NARANJA FL  |  | 26476 S DIXIE HWY<br>NARANJA FL 33032-7   | 425   |  |  |                             |   |
|  |  |   |   |  | <ol> <li>Date Incorporated or Qualified</li> <li>12/29/1987</li> </ol> | l l                         | te of Last Report   |
| Principal Pla  | ce of Business   | 2a. Mailing Address   |   |  | 4. FEI Number  |                             | Applied For   |
| Suite, Apt #   | , etc.   | Suite, Apt. #, etc.   |   |  | 65-0034468  5. Certificate of Status Desired                           |                             | Not Applicable \$8.75 Additional  |
| City & State   |  | 27<br>City & State  |   |  | Sermicale of Gratus Desired     Bection Campaign Financing             |                             | Fee Required<br>\$5.00 May Be   |
| City & State   |  | 28  | <del></del>   |  | Trust Fund Contribution  | L.J                         | Added to Fees   |
| Zip  | Country 25   | Z <sub>1</sub> p  | 30 Co   | untry  | This corporation has liability     Florida Statutes                    | for intangible t            | tax under s. 199.032,<br>No   |
|  | 9. Name and Address of Currer  | nt Registered Agent   |   | 81 Name  | 10. Name and Address of New  | Registered A                | lgent   |
|  | CKMAN, LOUIS M.  |   |   |  | iress (P.O. Box Number is Not Accep                                    | etable)                     |   |
| 8500 SW 92 ST<br>SUITE 106<br>MIAMI FL 33156   |  |   |   | <u> </u>   | ress (P.O. Box Number is Not Acces                                     |                             |   |
|  |  |   |   | 83   |  |                             |   |
|  |  |   |   | 84 City  |  | FL                          | 85 Zip Code   |
| Pursuant to  | aictored about or both in the State  | s of Florida. Such change wa  | s authooze  | o by the corporati   | poration submits this statement for the                                | o nuronse of c              | changing its registered<br>ntment as registered   |
| Pursuant to office or reagent. I am  | gistered agent, or both, in the State<br>i familiar with, and accept the oblig<br>signature, typed or printed name of registered ag  | of Florida, Such change way<br>pations of, Section 607,0505,<br>rent and title if applicable (  | s authorize<br>Florida Sta<br>40TE Register   | d by the corporati<br>tutes<br>ed Agent signature requi  | ired whon rensisting)  | e purpose of cept the appoi | minent as registered  |
| Pursuant to office or reagent. I an GNATURE  | gistered agent, or both, in the State i familiar with, and accept the oblig signature, typed or printed name of registered ag OFFICERS AN  | of Florida, Such change wa<br>pations of, Section 607.0505,   | s authorize<br>Florida Sta<br>401£ Register<br>13.  | d by the corporati<br>tutes<br>ed Agent signature requi  | ion's board of directors. Thereby acc                                  | e purpose of cept the appoi | DIRECTORS IN 12   |
| Pursuant to office or reagent. I am  | gistered agent, or both, in the State i familiar with, and accept the oblig  lignature, typed or printed name of registered ag  OFFICERS AN  PD  PATEL, INDRAVADAN L.  | of Florida, Such change way<br>pations of, Section 607.0505,<br>rent and title if applicable (<br>ND DIRECTORS                              | S authorize<br>Florida Sta<br>40TE Register<br>13.  | d by the corporati<br>tutes<br>ed Agent signature requi<br>TITLE<br>NAME   | ired whon rensisting)  | e purpose of cept the appoi | DIRECTORS IN 12   |
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