SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(4)

LYNCHBURG TRAVEL INN CORPORATION

FILED Sep 10 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address						25 TILL 8:216 8:36: 012: 016: 016: 016: 016: 016: 016: 016: 016	
1202 N KROME AVENUE FLORIDA CITY FL 33034-2428			1202 N KROME AVENUE				
US	FL 33004-2428	US	FLORIDA CITY FL 33034-2428			DO NOT WRITE IN THIS SPACE	
		•			3. Date Incorporated or Qualified	j	
					03/21/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			36-3558770	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	5.00 May Bo		
23		28		Trust Fund Contribution	Added to Fees		
Zip Country		Zip	····· F=-7			B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24]25]]29]	[30]		Personal Property Tax due Ju 10. Name and Address of New		
	9. Name and Address of Curre	nt Registered Agent		81 Nar		Kegisterea Agent	
	EL, NAVNIT		1				
	N KROME AVE		1	82 Stre	eet Address (P.O. Box Number is Not Accept	able)	
FLUI	RIDA CITY FL 33034		t	63			
				84 City	1	85 Zip Code	
-44		20 J CO7 4500 Florido Ctol			d corporation submits this statement for the p	urroco of changing its registered	
office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was	hazirodtue a	hy the c	orporation's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and little if applicable	(NOTE: Register	ed Agent sig	nature required when reinstating)	DATE	
12.		ND DIRECTORS	13.			FICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1 1 TITI	.E		Change Addition	
NAME	PATEL, NAVNIT		1.2 NA	ΛE			
STREET ADDRESS	1202 N KROME AVENUE		1.3 STR	EET ADDRE	ss		
CITY-ST-ZIP	FLORIDA CITY FL 33034-2428		14 CIT	Y-ST-ZIP			
TITLE	S	DELETE	2 1 TITI			Change Addition	
NAME	PATEL, HARMISTA-D		2.2 NAI	AE	> PATEL, DHARMISTA	7	
STREET ADDRESS	1202 N KROME AVE		2 3 STR	EET ADDRE	ss		
CITY-ST-ZIP	FLORIDA CITY FL 28		2 4 CIT	Y-ST-ZIP			
TITLE	0	D ELETE	3 1 TITI			Change Addition	
NAME	PATEL, REJENDRA		3.2 NA				
\$TREET ADDRESS	1202 W KROME AVE			EET ADDRE	SS		
CITY-ST-ZIP	FLORIDA CITY FL 28			Y-ST-ZIP			
TITLE		L DELETE	. 4 1 TITI		1	Change Addition	
NAME			4.2 NA/				
STREET ADDRESS				EET ADDRE	20		
CITY-ST-ZIP	·		4.4 C(T	Y-ST-ZIP		Change Addition	
TITLE		DELETE	5.7 NA			LI Change LI Addition	
NAME DYDECT ADDRESS					ce		
STREET ADDRESS				EET ADDRE Y-ST-ZIP	on		
CITY-ST-ZIP TITLE		DELETE	6.1 TITI			Change Addition	
		[_] DELETE	6.2 NA			L Change L Addition	
NAME				EET ADDRE	ce l		
STREET ADDRESS					93		
CITY-ST-ZIP	artify that the information supplied will	h this filing does not qualify for		Y-ST-ZIP lion state	d in section 119.07(3)(i), Florida Statutes. I fu	orther certify that the information	

Indicated on this annual report or supplied with this ning goes not quanty for the exemption stated in section 119.07(3)(j), Florida Statutes. If urther 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.

305-245-0311