


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).

FILED  
Sep 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K18675 (4)</b>					
1. Corporation Name <b>LYNCHBURG TRAVEL INN CORPORATION</b>					
Principal Place of Business <b>1202 N KROME AVENUE FLORIDA CITY FL 33034-2428 US</b>			Mailing Address <b>1202 N KROME AVENUE FLORIDA CITY FL 33034-2428 US</b>		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
24 Country			29 Country		
25			30		
9. Name and Address of Current Registered Agent <b>PATEL, NAVNIT 1202 N KROME AVE FLORIDA CITY FL 33034</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE					
22 NAME → PATEL, DHARMISTA					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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 *[Signature]* 9/1/98 305-245-0311

CR2E034 (5/98)