## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # K

K38191

(8)

**ECONOMY MOTEL MANAGEMENT CORPORATION** 

Principal Place of Business Mailing Address						9(\$11 \$1\$11 B)\$11 B1811	GIGII OLDII (EDI	
MIRACLE STRIP PARKWAY SE MIRACLE STRIP PARKWAY 1 MIRACLE STRIP PARKWAY 1 MIRACLE STRIP PARKWAY FT. WALTON BEAHC FL 32548 FT. WALTON BEAHC FL 32548 US			KWAY	۱Ý		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
1						10/12/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21		26	- · · · · · · · · · · · · · · · · · · ·			59-2937714		Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & Stat		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		, f h, h,		Country		8. This corporation owes or has paid the current year Intangible		
24 25 29 30 30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Hegi	stered Agent	
BHAGAT, VENILAL D. MIRACLE STRIP PKWY SE							<del>-</del>	
1 MIRACLE STRIP PARKWAY				2 :	Street Addres	ss (P.O. Box Number is Not Acceptable	<b>3)</b>	
	WALTON BEACH FL 32548		8:	3				
ĺ			84	4 (	City		85 Z	ip Code
					<u> </u>		FL	·
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was	s authorized b	oy th	named corpor he corporatio	ration submits this statement for the pu- on's board of directors. I hereby accept	rpose of changin the appointment	g its registered as registered
SIGNATURE								
ļ	Signature, typed or printed name of registered a	igent and little if applicable (Ni ND DIRECTORS		gent :	signature required	whon reinstating)	DATE DIDECT	OD0 111 40
12.	PD OFFICERS A	DELETE	13.			ADDITIONS/CHANGES TO OFFICE	Chang	
NAME	BHAGAT, HEMENDRA V.		1.2 NAME					,,,
STREET ADDRESS	128 CONGRESS STREET		1.3 STREE		DDRESS			
CITY-ST-ZIP	JERSEY CITY NJ	1.4		1.4 CiTY-ST-ZiP				
TITLE	VD DELETE 2			21 MLE			☐ Chanç	ge Addition
NAME	BHAGAT, BIPINCHANDRA V	•	22 NAME					
STREET ADDRESS	128 CONGRESS STREET		23 STREE	T AD	IDRESS			
CITY-ST-ZIP	JERSEY CITY NJ		2 4 CITY-ST-ZIP		ZIP			T
TITLE	•		3 1 TITLE				∐ Chang	ge L Addition
NAME	A A STATE OF THE S		3.2 NAME					
STREET ADDRESS	ET MALTON BOLLEI				DRESS			
CITY-\$T-Z#P TITLE	11 WALIOU BOILLE	DELETE	3.4. CITY-	•	ZIP		Chang	ge Addition
NAME			4 2 NAM					
STREET ADDRESS			4.3 STREE		IDRESS			-
CITY-ST-ZIP			44 CITY-					
TITLE		☐ DELETE	51 TITLE				☐ Chang	ge 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T AD	DRESS			
CITY-ST-ZIP		······································	5.4 CITY-	S1 - 2	ηρ		····	·
TITLE		DELETE	6 1 TITLE				L] Chang	ge Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	T AD	DRESS			

14. Thereby 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.

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