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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 22 AM 10:13

DOCUMENT # K53186

1. Corporation Name: APALACHEE MOTEL INC.

Principal Place of Business	Mailing Address
—NONE—	1703 VINEYARD WAY TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-16-88

4. FEI Number: 59-2729680 | Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year listing for Personal Property Tax: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 SOLD BUSINESS	26 1703 VINEYARD WAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 TALLAHASSEE, FL
24 Zip / Country	29 32311 / 30 USA

9. Name and Address of Current Registered Agent

VORA, BHUPENDRA H.
809 Apalachee Pkwy
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: VORA, BHUPENDRA H.
82 Street Address (P.O. Box Number is Not Acceptable): 1703 VINEYARD WAY
83
84 City: TALLAHASSEE FL 85 Zip Code: 32311

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT [ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	VORA, BHUPENDRA	12 NAME	
STREET ADDRESS	1703 VINEYARD WAY	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	14 CITY-ST-ZIP	
TITLE	DIRECTOR [ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	PARRHU, CHUNI	22 NAME	
STREET ADDRESS	2997 APALACHEE PKWY	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	24 CITY-ST-ZIP	
TITLE	DIRECTOR [ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME	VARMA, BALAK	32 NAME	
STREET ADDRESS	729 ALMOND AVE. S	33 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA	34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: Bhupendra H. Vora 4/15/99 850/878-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR