FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K73208 (6)

1. Corporation Name
ORLANDO HOSPITALITY, INC.

Principal Place of Business
~~4045 S ORANGE BLOSSOM TR~~
~~ORLANDO FL 32839~~

Mailing Address
~~4045 S ORANGE BLOSSOM TR~~
~~ORLANDO FL 32809~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/13/1989
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 4049 S.Orange Blossom TR
Suite, Apt. #, etc.
22 Regency Inn
City & State
23 Orlando, Fl 32839
Zip 24 Country 25

2a. Mailing Address
26 3223 US 98 (AT I-4)
Suite, Apt. #, etc.
27
City & State
28 Lakeland, Fl 33805
Zip 29 Country 30

4. FEI Number: 59-2940072 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
KING, GEORGIA
4045 S ORANGE BLOSSOM TRL
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~P~~
NAME	~~KHIMANI, ARIFF~~
STREET ADDRESS	~~4919 W. COLONIAL DRIVE~~
CITY-ST-ZIP	~~ORLANDO FL~~
TITLE	~~VST~~
NAME	~~KHIMANI, HANIFF~~
STREET ADDRESS	~~4045 S ORANGE BLOSSM TRL~~
CITY-ST-ZIP	~~ORLANDO FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P VP	XX Change ☐ Addition
1.2 NAME	ARIFF KHIMANI	
1.3 STREET ADDRESS	3223 US 98 (AT I-4)	
1.4 CITY-ST-ZIP	LAKELAND, FL 33805	
2.1 TITLE	ST	XX Change ☐ Addition
2.2 NAME	GEORGIA KING	
2.3 STREET ADDRESS	4049 S.ORANGE BLOSSOM TR.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32839	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further [illegible]ify 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 [illegible]h; 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 [illegible]pears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ PRESIDENT JANUARY 3, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065488 CP