

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L41709

(1)

1. Corporation Name

ORLANDO AIRPORT INN, INC.



Principal Place of Business

Mailing Address

NATVERLAL K. PATEL
2601 MCCOY ROAD
ORLANDO FL 32809

NATVERLAL K. PATEL
2601 MCCOY ROAD
ORLANDO FL 32809

3. Date Incorporated or Qualified
01/08/1990

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, NATVERLAL K.
2601 MCCOY ROAD
ORLANDO FL 32809

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 607.1505, 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 of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

Signature of the registered agent or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVT
NAME PATEL, NATVERLAL K.
STREET ADDRESS 2601 MCCOY RD.
CITY- ST- ZIP ORLANDO FL

☐ DELETE

TITLE S
NAME SNASTR, SUNIL
STREET ADDRESS 23480 ROBINBROOK PL.
CITY- ST- ZIP DIAMOND BAR CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

14 TITLE ☐ Change ☐ Addition

15 NAME ☐ Change ☐ Addition

16 STREET ADDRESS ☐ Change ☐ Addition

17 CITY- ST- ZIP ☐ Change ☐ Addition

18 CITY- ST- ZIP ☐ Change ☐ Addition

19 CITY- ST- ZIP ☐ Change ☐ Addition

20 CITY- ST- ZIP ☐ Change ☐ Addition

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45 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96

(407) 856-4663

CR2E034 (12/95)