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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80325

LAKELAND MOTEL INVESTMENT, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90001 022 ***150.00

Principal Place of Business Mailing Address						1		
2880 POINCIANA BLVD. 2880 POINCIANA BLVD.					· ·			
KISSIMMEE FL 34746		KISSIMMEE FL 34746 US		DO NOT WRITE IN THIS SPACE				
US		Vo			3. Date Incorporated or Qualifed			
					06/12/1990			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	T.
21		26			59-3015460	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional [*]	411
22		27			or control or class sound	fee R	lequired .	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	Count		Trust Fund Contribution	***************************************	to Fees	
Zip	Country Zip		Country		This corporation owes the current y Personal Property Tax.	year intangible ☐ Yes	□No	
24	9. Name and Address of Currer	29 Agent	30		10. Name and Address of New Regi		<u> </u>	
· · ·	5. Name and Address of Curren	in Registered Agent	ε	1 Name	To Hallo and Had add of Hall Hag.			
DES	AI, JANAK N		_					
2880 POINCIANA BLVD.		•	82 Street Addr		ress (P.O. Box Number is Not Acceptable))		
KISSIMMEE FL 34746			ε	13		1 615 1 51 8 20 6 9		
				1 00		ne (a) he (a) he (a)	14 (1 (1))	
			8	City		FL 85 Zip	Code"	
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ove-named corp	poration submits this statement for the purp	oose of changing it	s registered	
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	eof Florida. Such change was a ations of, Section 607.0505, Flo	iuthorized t irida Statut	by the corporation	ion's board of directors. I hereby accept the	e appointment as r	egisterea	
SIGNATURE	, ,							
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			gent signature require		DATE	000 11140	á	
12.	r*···	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change		7
	D			=				
TITLE	•			_				-
NAME	MAROLIA, JANAK S.	C Better	1.2 NAM				-	7 720
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NAME STREET ADDRESS CITY-ST-ZIP	MAROLIA, JANAK S. 10341 SUMMIT SQUARE DR. LEESBURG FL	_	1.2 NAM 1.3 STRI 1.4 CITY	EET ADORESS - ST- ZIP		☐ Change	. Addition	CD2CD34 /
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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