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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:47

DOCUMENT # **M43579** **(5)**

1. Corporation Name
THUNDERBIRD MOTEL, INC.

Principal Place of Business	Mailing Address
900 S.W. 2ND AVENUE DANIA FL 33004	2 W DIXIE HWY DANIA FL 33004 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1986
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME

4. FEI Number: 59-2758882 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:
Country — 25: BROWARD
Zip — 29:
Country — 30: BROWARD

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA CORPORATED SERVICES, INC.
777 BRICKELL AVENUE
SUITE 708
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☒ Addition
NAME	MCKAY, MICHAEL R	1.2 NAME		
STREET ADDRESS	2 W. DIXIE HWY.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	33004	
TITLE	STD	2.1 TITLE		☐ Change ☒ Addition
NAME	MCKAY, ROBERT W	2.2 NAME		
STREET ADDRESS	2 W. DIXIE HWY.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	33004	
TITLE	D	3.1 TITLE		☐ Change ☒ Addition
NAME	BRANTHOVER, JACK GARY	3.2 NAME		
STREET ADDRESS	2 W. DIXIE HWY.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	33004	
TITLE	D	4.1 TITLE		☐ Change ☒ Addition
NAME	JOSEPH, JEROME E	4.2 NAME		
STREET ADDRESS	2 W DIXIE HWY	4.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004	4.4 CITY-ST-ZIP	33004	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jack Gary Branthover 01-26-95 305-921-2221
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK GARY BRANTHOVER, DIRECTOR

0076306 CP