

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 17 1997 8:00am
Secretary of State

DOCUMENT # **M43845** (0)

1. Corporation Name
THE 600 PLAZA & MOTEL, INC.

Principal Place of Business
**13925 N.W. 60TH AVE.
MIAMI LAKES FL 33014**

Mailing Address
**13925 N.W. 60TH AVE.
MIAMI LAKES FL 33014-3126**



3. Date Incorporated or Qualified
12/24/1986

3a. Date of Last Report

02/26/1996

2. Principal Place of Business
21 **600 North Surf Road**

2a. Mailing Address
26 **8551 W. Sunrise Blvd.**

4. FEI Number
59-2755660

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.
27 **Suite Number 304**

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

22 City & State
23 **Hollywood Beach, Fl.**

27 City & State
28 **Plantation, Fl.**

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

24 Zip
33019

Country
Broward

29 Zip
33322

Country
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

**ADAIR, LARRY L.
13925 N.W. 60TH AVE.
MIAMI LAKES FL 33014**

[NOTE: CHANGE OF ADDRESS ONLY]

10. Name and Address of New Registered Agent

81 Name
LARRY L. ADAIR, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable)
8551 West Sunrise Boulevard
83 **Suite Number 304**
84 City
Plantation

FL 85 Zip Code
33322

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[CHANGE OF ADDRESS ONLY]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

14. I do 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 recipient 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 REQUIRED
NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (954) 370-3343
Date Daytime Phone #

CR2E034 (9/96)