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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1996 DOCUMENT #
1. Corporation Name

(0)

CORAL RIDGE MOTELS, INC.

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Principal Place of Business Mailing Address										
2855 N.E. 261	TH COURT Dale FL 33306		26TH COURT ERDALE FL 33300	6						
1 11 Publishing I a agada							3. Date Incorporated or Qualified 08/29/1988		of Last F 5/01/19	
2. Principal Pla	ice of Business	2a. Mailing /	Address				4. FEI Number		<b>├</b> ——	Applied For
		26				65-0111363	Not Applicable			
Suite, Apt. #	t, etc	<u></u>	pt. #, etc.				5. Certificate of Status Desired			Required
		27   City & S	tate				6. Election Campaign Financing			00 May Be
City & State		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country		·	8. This corporation has liability for		ax under s	199.032,
]	25	29	31	0]				s No	1	
	9. Name and Address of Curr	ent Registered Ag	ent	8	4 Nas		10. Name and Address of New	Hegistered	Agent	
				°						
	r E. Murdoch, Esq.			8	2 Stree	et Addre	ess (P.O. Box Number is Not Accepta	ble)		
	G, O'BRYAN & FLEMING			8	3					
	BROWARD BLVD.			Ĺ					12-11-	- 0.1
FI. LAU	IDERDALE FL 33338			6	4 City			FL	<b>85</b> Z	ip Code
4 Durauant t	to the provisions of Sections 607.05	02 and 607 1508 F	Florida Statutes, 1	the above	-named	corpora	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of ch	anging its	registered office
or register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such change action 607,0505, Flo	was authorized to orida Statutes.	by the co	rporatior	rs boar	d of directors, Frieleby access the ap	рониновка	3 registere	a agom ram
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if applicable	(NOTE: F	Registered A	gent signatu	re req ired	when reinstating)	DATE		000 0140
2.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	
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NAME				4 2 NAM						
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STREET ADDRESS				63 ST	REET ADDRI	ss				
·				6.4 CIT	Y-ST-ZIP	l		ID OZIOVIA I	Elorida Cta	itudae I furthar
14. I do here	by certify that the information supplied the information indicated on this	ied with this filing is	voluntarily furnish	ned and o	does not strue an	qualify: d accura	for the exemption stated in Section 1 ate and that my signature shall have t is report as required by Chapter 607	he same leg	al effect a	s if made unde
					ed to ex	ecute th	is report as required by Chapter 607	Florida Sta	utes; and	that my name
appears	in Block 12 or Block 13 if changed,	Of the all allastinger	II WILLIAM GOODS				04/22/96			
			- PRES	•			A1// A A /	2/1	J_ F1/1.49	-//32