FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 🥕 ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # SOUTHEASTERN HOTELS MANAGEMENT. INC. Principal Place of Business Mailing Address RAMADA INN BAYVIEW RAMADA INN BAYVIEW 9928 MONTCLAIR HOAD: STE 200-PO BOX 619174 BIRMINGHAM AL 35261 DO NOT WRITE IN THIS SPACE CHRMINGHAUT RL 35218 3. Date Incorporated or Qualified 07/02/1991 4. FEI Number Applied For 59-3072802 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent ONOH-MOND Name 7601-SCENIC HWY-82 Street Add PENSACOLA FL 32504 83 84 City ons 667,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered could be obtained the state of the stat 11. Pursuant to the provisions of So office or registered agent, or to agent. I am familiar with, and A Florida Statutes SIKRAM (NOTE: Registered Agent si >1NGH SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AN D'DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE SINGH, BIKRAM 1.2 NAME NAME 5216 AIRPORT HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS BIRMINGHAM AL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE SINGH, BIKRAM 2.2 NAME NAME 5216 AIRPORT HIGHWAY 2.3 STREET ADDRESS STREET ADDRESS BIRMINGHAM AL 2 4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with his tiling does not qualify or the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental found for the conditional report of true and officer or director of the corporation or the recover or true empower of 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 attribute in address.

CITY - ST - ZIP

SIGNATURE: