FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
SKYLINE HOTEL CORPORATION

DOCUMENT #
P93000010103 (8)

Mailing Address
9301 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32381

Principal Place of Business
9301 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32381

If above addresses are incorrect in any way, line through incorrect information and write correction below

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 1994

2. Mailing Address (21)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) 32837 Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) Country (30) 32837

4. FEI Number: 59-3164844 ☐ Applied For ☐ Not Applicable

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

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

PATEL PRABODH C
815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: JOGINDER BAGGA
82 Street Address (P.O. Box Number is Not Acceptable): 9301 - S. ORANGE BLOSSOM Trail
83
84 City: ORLANDO FL 85 Zip Code: 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 04/15/95
(Registered Agent's Signature Required) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	BAGGA JOGINDER	12 NAME	
13 STREET ADDRESS	9301 S ORANGE BLOSSOM TRAIL	13 STREET ADDRESS	
14 CITY-ST-ZIP	ORLANDO FL 32381	14 CITY-ST-ZIP	
21 TITLE	PRAVEEN BAGGA (V.P.&Secy.)	21 TITLE	
22 NAME	9301 - S. Orange Blossom Tr.	22 NAME	
23 STREET ADDRESS	ORLANDO, FL. 32837.	23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Bagga (JOGINDER BAGGA) 04/15/95 (407) 855-0308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #