

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000010103 (8)**

1. Corporation Name

SKYLINE HOTEL CORPORATION



Principal Place of Business

Mailing Address

**9301 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837**

**9301 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837**

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOGINDER, BAGGA
9301 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this statement for the corporation (if the filer is not the registered agent, the filer must be a director or officer of the corporation).

Signature of the Registered Agent (signature required when filing to change).

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME: **D BAGGA, JOGINDER**
STREET ADDRESS: **9301 S ORANGE BLOSSOM TRAIL**
CITY, ST, ZIP: **ORLANDO FL 32831**

2.1 TITLE ☐ DELETE

NAME: **VS BAGGA, PRAVEEN**
STREET ADDRESS: **9301 S. ORANGE BLOSSOM TRAIL**
CITY, ST, ZIP: **ORLANDO FL 32837**

3.1 TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY, ST, ZIP: ☐ DELETE

4.1 TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY, ST, ZIP: ☐ DELETE

5.1 TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY, ST, ZIP: ☐ DELETE

6.1 TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY, ST, ZIP: ☐ DELETE

7.1 TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY, ST, ZIP: ☐ DELETE

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Bagga President

01/30/96 (407) 858-0308

CR2E034 (12/95)