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 # **P93000021372 (6)**

1. Corporate Name

INTERSTATE INN OF I-75 AND U.S. 90 INC.

Principal Place of Business

ROADMASTER INN EAST
P. O. BOX 615, RT. 13 I-75 & US 90
LAKE CITY FL 32055
US

Mailing Address

ARVIND PATEL
POST OFFICE BOX 2536
DES PLAINES IL 60017
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **03/17/1993**

3a. Date of Last Report: **03/06/1995**

4. FEI Number: **36-3869901** ☐ 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

HALEY, WILLIAM J.
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 Section 607.1547, 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. The name and address of the registered office and the name and address of the registered agent as changed, are listed above. The corporation's board of directors hereby authorizes the change. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: DS
NAME: PATEL, VARSHA A
STREET ADDRESS: 4295 EISENHOWER CR.
CITY-ST-ZIP: HOFFMAN ESTATES IL
☐ DELETE

TITLE: DP
NAME: PATEL, ARVIND
STREET ADDRESS: 4295 EISENHOWER CR.
CITY-ST-ZIP: HOFFMAN ESTATES IL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and any attachment, 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 with an address, with respect to those officers and directors I have listed.

SIGNATURE: Arvind Patel **Date:** 1-23-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)