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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000033696 (4)

SHIVAM HOSPITALITY GROUP, INC.

Mailing Address Principal Place of Business PO BOX 30905 13801 U.S. HIGHWAY ONE PALM BEACH GARDENS FL 33420-0905 JUNO BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 05/06/1993 06/17/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0409640 Not Applicable 21 26 Suite, Apt. #. etc \$8.75 Additional Suite, Apt. #, etc. X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Ζιρ 8. This corporation has liability for intangible tax under s. 199.032, Ζıρ Country Yes 🔀 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PORATH, ANN ESQ. 12773 WEST FOREST HILL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33414 Zip Code R4 City 85 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 accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change ■ Addition 1.1 TITLE TITLE PATEL, SUMAN R. PATEL, SUMAN R 1.2 NAME NAME 1808 THE 12TH FAIRWAY 142 OAKWOOD LANE 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL. 33410 WEST PALM BEACH FL 33414 1.4 CITY-ST-ZIP CITY-ST-7IP Addition DELETE 2.1 TITLE __ Change THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-S1-ZIF Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CHY-ST-ZIP Addition DELETE Change 4.1 THILE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP __ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-S1-201 Addition Change DELETE. 6.1 TITLE TITLE 6.2 NAME NAM: **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

04/16/97 (561)-626-9090