FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000011877 (5)

CANDLELIGHT MOTEL, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



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7306 \$ 14 ST LEESBURG FL 34748					7306 \$ 14 ST LEESBURG FL 34748									IOT MIDIT	- 11.1 = 11.00			
												DO NOT WRITE IN THIS SPACE						
											3	3. Date Incorporated or Qualified						
					,								02/14/1994					
2. Principal Pl	ļ	2a. Mailing Address						4	4. F	FEI Number			L		plied For			
21					26								59-3236102				→	Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						6	5 . (Certificate of Status E	Desired				dditional
22					27											Fe	e Re	quired
City & State					City & State						6		Election Campaign Fi	_	_			May Be
23					28							1	Trust Fund Contributi	on		Ac	ded to	Fees
Zip	<u>├</u>				Zip Count				y		8		This corporation owe				_	1
25 9, Name and Address of Current					29 30						Personal Property Tax due June 30. X Yes No 10, Name and Address of New Registered Agent							
			ddress of C	urrent R	egistere	d Agent		81	1		10	0. 1	Name and Address	OI NOW HE	gistered	Agent		
tsai, wesley										lame								
730						s	Street Address (P.O. Box Number is Not Acceptable)											
LEE	SBURG F	L 3474	48															
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								"	1	, ity					FL	_ "	Zip C	,ouc
11. Pursuant t	o the provis	ions of	Sections 60	7.0502 ar	nd 607.1	508, Florida S	Statutes, t	he abov	e-na	amed c	orporati	ion	submits this stateme	ent for the p	ourpose	of chang	ing its	registered
office or re	egi ste red ag m fam iliar wi	jent, or ith, and	both, in the	State of f	Florida. S	Such change (ection 607.050	was auth 15. Florida	orized bi Statute	y th	e corpo	oration's	s bo	oard of directors. I he	гебу ассе	pt the ap	pointme	ntaisi	egistered
-	ii iganiniga vi	mi, circ	a dodoja tric	obligation	113 01, 00	000,000	, r 10 nac	Olalolo										
SIGNATURE .	Signature, typed	or printe	d name of registre	red agont an	d title if app	skeable.	(NOTE: Re	stered Ag	ont si	ignature r	equired whe	en re	reinstating)		DATE			
12.			OFFICER	S AND D	RECTO	RS		13.				Αſ	DDITIONS/CHANGES	TO OFFI	CERS AN	D DIREC	TOR	3 IN 12
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	7306 S						ŀ	2.3 STREET	TARE	onree								
STREET ADDRESS			L 34748							i			*	4				1
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14. I 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.

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