

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Methum  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 1 PM 2:13

SECRETARY OF STATE  
TREASURER, FLORIDA

DOCUMENT # P94000032671 (7)

1. Corporation Name  
**EVEREST HOTEL CORPORATION**

Principal Place of Business:

1080 WOODCOCK RD 285  
ORLANDO FL 32803-3514

Mailing Address:

1080 WOODCOCK RD 285  
ORLANDO FL 32803-3514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1994** 3a. Date of Last Report

4. FEI Number **09-3239531** 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. This corporation is eligible for simplified filing under § 190.022, Florida Statutes  Yes  No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
State, Apt. #, etc.		State, Apt. #, etc.		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation is eligible for simplified filing under § 190.022, Florida Statutes	
City & State		City & State		Name		Street Address		City	

9. Name and Address of Current Registered Agent

**PATEL, KAUSHIK M**  
**6225 DOWDY CT**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.07(5) 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 hereby certifying and accepting the filing of this statement.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	DP
1. NAME	PATEL, KAUSHIK M
1. STREET ADDRESS	6225 DOWDY CT
1. CITY, STATE, ZIP	ORLANDO FL 32819
2. TITLE	DVS
2. NAME	PATEL, PRAVIN
2. STREET ADDRESS	6225 DOWDY CT
2. CITY, STATE, ZIP	ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, STATE, ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, STATE, ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, STATE, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and equally for the information stated in Sections 190.022 and 190.023, Florida Statutes. I further certify that this corporation is in compliance with the provisions of the governmental annual report as required by law and is eligible and that my signature, at all times, shall be the same as the signature which I use on all other reports and filings of this corporation. I am certifying that the information provided in this report is true and correct to the best of my knowledge and belief, and that my name appears on the list of officers and directors of this corporation.

SIGNATURE: *Pravin Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF A MEMBER OFFICER OR DIRECTOR

4-27-95 1107 305 0815