

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
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

Mainly 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

FL **65** Zip Code

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. NAME	DP
2. NAME	PATEL, KAUSHIK M
3. STREET ADDRESS	6225 DOWDY CT
4. CITY, STATE, ZIP	ORLANDO FL 32819
5. NAME	DVS
6. NAME	PATEL, PRAVIN
7. STREET ADDRESS	6225 DOWDY CT
8. CITY, STATE, ZIP	ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and equally for the corporation 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 filing and is eligible and that my signature, at all times, shall remain responsible for all matters herein until I am relieved of my duties as officer or director of this corporation or the resignation of this report as required by Chapter 607, Florida Statutes, 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