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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400052449 (3)

**WEST PALM MOTEL CORPORATION** 

rincipal Place of Business	Mailing Address
075 8 Main Street Elle Glade fl 33430 IS	331 WEST PALM DRIVE FLORIDA CITY-FL 33034-3343

## **FILED** May 05 1997 8:00am Secretary of State



1075 8 MAIN STREET 331		Mailing Address 331 WEST PALM DRIVE FLORIDA CITY FL 33034-3343	331 WEST PALM DRIVE					
				3. Date Incorporated or Qualified 07/15/1994	3a. Date o	of Last Repo 1996	иt	
21	lace of Business	2a. Mailing Address	w St	4. FEI Number 65-0503611		Applie Not A	ed For pplicable	
Sulte, Apt.		28. Maling Address Mula 26. 1075 S. Mula Sulle, Apyl., etc. 27. Belle6/ade	£ 33430	5. Certificate of Status Desired		8.75 Add Fee Requi	ired	
City & Stat		City & State /		Election Campaign Financing     Trust Fund Contribution		\$5.00 Ma Added to F	ees	
Zip 24	Country 25 9. Name and Address of Curren	29 33430 30	Country	8. This corporation has liability for i Florida Statutes  10. Name and Address of New Reg	Yes Y	lo	9.032,	
DAT		t negistered Agent	81 Name	10. Name and Address of New Re	gistered Age	THL		
	'EL, ASHOK 5 S MAIN STREET							
	LE GALDE FL 33430		82 Street Addre	oss (P.O. Box Number is Not Acceptab	le)			
			83					
Ì			84 City		FL B	5 Zip Coc	lo ot	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050, registered agont, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, th of Florida. Such change was autho ations of, Section 607.0505, Florida	e above-named corporati rized by the corporati Statutes	oration submits this statement for the poor's board of directors. I hereby accept	urpose of cha of the appoint	anging its re ment as reg	gistered jistered	
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable (NOTE: Rece	stered Agent signature require	ed when reinstation)	DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		RECTORS II	N 12	
TOTLE	P	DELETE	1.1 TITLE			Change [	N 12 Addition	
NAME	PATEL, ASHOK	<u>.</u>	1.2 NAME					
STREET ADDRESS	1075 S MAIN STREET BELLE GLADE FL 33430		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	S		1.4 C(1Y - \$1 - Z(P 2.1 T(TLE			Change [	Addition	
NAME	PATEL, NAVNIT	_	2.1 MILE 2.2 NAME		ب	Ollange L	_ HOURING	
STREET ADORESS	331 WEST PALM DR		2.3 STREET ADORESS				ľ	
CITY-ST-ZIP	FLORIDA CITY FL 33034		2 4 CITY - ST - ZIP					
TITLE		☐ DELETE :	3.1 7 ITLE			Change	Addition	
NAME		<b>:</b>	3.2 NAM(					
STREET ADDRESS		1	3.3 STREET ADDRESS				{	
CITY-ST-ZIP TITLE			3.4 CITY-ST-ZIP			Change [	Addition	
NAME			4. F 11/LE 4. 2 NAME		Ц	Oneige E	, AUGIDUR [	
STREET ADDRESS		1	4.3 STREET ADDRESS				\	
CITY-ST-ZIP			4.4 D/TY - ST - 7/P				.	
TITLE			5.1 THE			Change	Addilion	
NAME			5.2 NAME	,			İ	
STREET ADDRESS		<b>]</b> ,	5.3 STREET ADDRESS				1	
CITY-ST-ZIP			5.4 CITY - ST - 7IP		·			
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS		<b>1</b>	6.3 \$1REET ADDRESS				ļ	
CITY-ST-ZIP		T (	6.4 ÇITY - S1 - 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.