

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 # P94000078300 (8)

1. Corporation Name
KAR MOTELS, INC.

Principal Place of Business

1020 NORTH 19TH AVE.
HOLLYWOOD FL 33020

Mailing Address

1020 NORTH 19TH AVE.
HOLLYWOOD FL 33020-3530

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CASTORO, FRANCIS X
3100 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

05/09/1996

4. FEI Number

65-0529160

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, type or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME PLUEG, KLAUS
STREET ADDRESS 1020 NORTH 19TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE

D
NAME PLUEG, REGINA
STREET ADDRESS 1020 NORTH 19TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: Regina Plueg Regina Plueg 05/01/97 (954) 925-0651

FILED

97 JUN 26 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)