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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000078300 (8)

KAR MOTELS, INC.

Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



| Principal Place of Business 1020 NORTH 19TH AVE. HOLLYWOOD FL 33020 | | 1020 NORTH 19TH AVE. HOLLYWOOD FL 33020 | | DO NOT WRITE IN TH | IS SPACE | | |
|---|---|--|-------------------|--|--|------------------------|---------------|
| | | | | | 3. Date Incorporated or Qualified 10/25/1994 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | plied For |
| 21 | | 26 | | | 65-0529160 | | t Applicable |
| | 44_3tc. | Suite, Apt. # etc. | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | |
| 22 | | 27 | | | | | |
| City & State | • | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 | | |
| 23 | 28 | Country | | | Added | | |
| Zip | Country | Zip | \longrightarrow | шу | 8. This corporation owes or has paid the | | angibie No |
| 24 | 25 29 30 30 9, Name and Address of Current Registered Agent | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | |
| | | | | | | | |
| CASTORO, FRANCIS X | | | | | | | |
| 3100 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 | | | [8 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| MO | | ١. | 13 | | | | |
| ł | | | | .5 | | | |
| | | | | 34 City | F | • 1 | Code |
| 11. Pursuant t | to the provisions of Sections 607,0502 | and 607.1508, Florida Statul | es, the ab | ove-named corp | poration submits this statement for the purpos | of changing it | s registered |
| 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. | | | | | | | |
| $V \cap V \cap$ | | | | | | | |
| SIGNATURE . | Signature, typed of printed name of registered agen | | | | red when reinstating) DATI | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | D | DELETE | 1.1 TITL | E | | ☐ Change | Addition |
| NAME | PLUEG, KLAUS | | 1,2 NAA | 1E | | | |
| STREET ADDRESS | 1020 NORTH 19TH AVE. | | 1.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | | 1.4 CIT | -ST-ZIP | | | |
| TITLE | D | DELETE | 2.1 TITL | Ę | | Change | ☐ Addition |
| NAME | PLUEG, REGINA | | 2.2 NAN | te i | | | |
| STREET ADDRESS | 1020 NORTH 19TH AVE. | | 2.3 STR | EET ADDRESS | a a | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | | 2. 4 CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITL | Ε | | Change | ☐ Addition |
| NAME | | | 3.2 NAN | se j | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | | l |
| CITY-ST-ZIP | | | 3,4. CIT | Y-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITL | | | Change | Addition |
| NAME | | | 4. 2 NA | ME | • | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CIT | -ST-ZIP | | | l |
| TITLE | | DELETE | 5.1 TITL | | | Change | Addition |
| NAME | | | 5.2 NAM | | | | l |
| STREET ADORESS | | | | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 1 | '-ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TITL | | | Change | Addition |
| NAME | | | 6.2 NAM | 1 | | ~ | Į |
| | | | | EET ADDRESS | | | [|
| STREET ADDRESS | | | | -ST-ZIP | | | ļ |
| CITY-ST-ZIP | | | 0.4 (311) | -gi-zir | Out to or out the term of the | | |

4. Thereby 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 informatio 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 13 if chapted, or on an attachment with an address.

SIGNATURE:

Rama Plato AF Regin

? (954)925-0654