

AMENDED 5/12/97

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

FILED

May 19 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

P94000087986  
ROOMS FOR LESS - FORT LAUDERDALE  
INC.

Principal Place of Business

Mailing Address

1157 BANKS ROAD  
MARGATE FLORIDA 33063

2. Principal Place of Business

2a. Mailing Address

21 1157 BANKS ROAD

26 1157 BANKS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 MARGATE FLORIDA

28 MARGATE FLORIDA

Zip

Country

Zip

Country

24 33063

25 USA

29 33063

30 USA

9. Name and Address of Current Registered Agent

MARK SOHN  
1157 BANKS ROAD  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

MARK CASSETT

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

1157 BANKS ROAD

83

84 City

MARGATE

FL

85 Zip Code

33063

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 MARK CASSETT

Mark Cassett

5/12/97

Signature, typed or printed name of registered agent and info if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETENAME: SONN MARK  
STREET ADDRESS: 1157 BANKS ROAD  
CITY - ST - ZIP: MARGATE FL 33063TITLE P ☐ DELETENAME: MARK CASSETT  
STREET ADDRESS: 1157 BANKS ROAD  
CITY - ST - ZIP: MARGATE FL 33063TITLE V ☐ DELETENAME: —  
STREET ADDRESS: —  
CITY - ST - ZIP: —TITLE ☐ DELETENAME:  
STREET ADDRESS:  
CITY - ST - ZIP:TITLE ☐ DELETENAME:  
STREET ADDRESS:  
CITY - ST - ZIP:TITLE ☐ DELETENAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition1.2 NAME: ALEXANDER JACKSON  
1.3 STREET ADDRESS: 1800 SO OCEAN BLVD SUITE 1004  
1.4 CITY - ST - ZIP: POMPANO BEACH FL 330622.1 TITLE ☐ Change ☐ Addition2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY - ST - ZIP:3.1 TITLE V.A. ☐ Change ☒ Addition3.2 NAME: IRIS CASSETT  
3.3 STREET ADDRESS: 1157 BANKS ROAD  
3.4 CITY - ST - ZIP: MARGATE FLORIDA 330634.1 TITLE ☐ Change ☐ Addition4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY - ST - ZIP:5.1 TITLE ☐ Change ☐ Addition5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY - ST - ZIP:6.1 TITLE ☐ Change ☐ Addition6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY - ST - ZIP:3000002197883  
-06/02/97--01079--024  
\*\*\*61.25

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:

Mark Cassett

MARK CASSETT

Date

5/12/97

Daytime Phone #

954-984-9962

CR2E034 (9/96)