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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086505 (1)

1. Corporation Name
LODGING HOSPITALITY SYSTEMS, INC.

Principal Place of Business

JAY S. PATEL
5350 MOBILE HWY.
PENSACOLA FL 32526

Mailing Address

JAY S. PATEL
5350 MOBILE HWY.
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1995

4. FEI Number
59-3404741

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2400 W MICHIGAN AVE

Suite Apt. #, etc.

22 16

City & State

23 PENSACOLA FLORIDA

Zip

24 32526

Country

25 U.S.A

2a. Mailing Address

26 2400 W MICHIGAN AVE

Suite Apt. #, etc.

27 16

City & State

28 PENSACOLA FLORIDA

Zip

29 32526

Country

30 U.S.A

9. Name and Address of Current Registered Agent

CHASE, JAMES L
101 E. GOVERNMENT STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME PATEL, JAY S
STREET ADDRESS 5350 MOBILE HIGHWAY
CITY-ST-ZIP PENSACOLA FL 32526

TITLE SVP ☐ DELETE

NAME PATEL, NASH K
STREET ADDRESS WESTSHORE DRIVE
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☒ DELETE

NAME PATEL, HIREN
STREET ADDRESS 1314 TRAVIS CIRCLE NORTH
CITY-ST-ZIP IRVING TX 75038

TITLE D ☒ DELETE

NAME PATEL, ARTHUR
STREET ADDRESS 1314 TRAVIS CIRCLE NORTH
CITY-ST-ZIP IRVING TX 75038

TITLE VPAD ☐ DELETE

NAME PATEL, NEIL
STREET ADDRESS 5021 MOBILE HIGHWAY
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ DELETE

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 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:

[Signature]

[Signature]

1-14-98

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457-3469

CR2E034 (10/97)