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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000090097 (3)

1. Corporation Name
J.D. HOTELS, INC.



Principal Place of Business
425 W COLONIAL DR #101
ORLANDO FL 32804

Mailing Address
425 W COLONIAL DR #101
ORLANDO FL 32804-6863

3. Date Incorporated or Qualified 11/22/1995
3a. Date of Last Report 04/19/1996

2. Principal Place of Business
21 730 W. Colonial Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 730 W. Colonial Dr
Suite, Apt. #, etc.

4. FEI Number 59-3343480
Applied For
Not Applicable

22 City & State
Orlando FL

27 City & State
Orlando FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip 32804 Country USA

28 Zip 32804 Country USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
PATEL, JAYESH Z
425 W COLONIAL DR #101
ORLANDO FL 32804

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KANJI, AZINA
STREET ADDRESS 425 W COLONIAL DR #101
CITY-ST-ZIP ORLANDO FL 32804

1.1 TITLE PSTD
1.2 NAME
1.3 STREET ADDRESS 730 W. Colonial Drive
1.4 CITY-ST-ZIP Orlando FL 32804

TITLE VD
NAME PATEL, PANKAJ K
STREET ADDRESS 6533 ABER CROMBIE CT
CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME PATEL, RAMILA J
STREET ADDRESS 6533 ABER CROMBIE CT
CITY-ST-ZIP ORLANDO FL 32835

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 407 423-2371
Date Daytime Phone #

CR2E034 (9/96)