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Mar 20 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 # P96000020346 (8)

1. Corporation Name
LAMARA MOTEL CORP.



Principal Place of Business

Mailing Address

~~GLADES BUILDING, SUITE 800~~
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~ST. PETERSBURG FL 33702~~

~~GLADES BUILDING, SUITE 800~~
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~ST. PETERSBURG FL 33702-2400~~

2. Principal Place of Business

21. LAMARA MOTEL APTS

Suite, Apt. #, etc.

22. 520, 73RD AVENUE

City & State

23. ST. PETE BEACH

Zip

24. FL. 33706

Country

2a. Mailing Address

26. LAMARA MOTEL APTS

Suite, Apt. #, etc.

27. 520, 73RD AVENUE

City & State

28. ST. PETE BEACH

Zip

29. FL. 33706

Country

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

4. FEI Number

59-3365717

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MASCARA, ERNEST L~~

~~GLADES BUILDING, SUITE 800~~

~~877 EXECUTIVE CENTER DRIVE, WEST~~

~~ST. PETERSBURG FL 33702~~

81. Name

AMANDA JOHNSON

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

520, 73RD AVENUE,
ST. PETE BEACH

83. City

84. State

FL

85. Zip Code

33706

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

A. Johnson

AMANDA JOHNSON DAVST. MARCH 14, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY - ST - ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY - ST - ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY - ST - ZIP

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2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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14. I declare to 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: *A. Johnson* AMANDA JOHNSON. MARCH 14, 1997. 83 360 7521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)