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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000026930 (3) DOCUMENT

UNIVERSAL INNKEEPERS, INC.

Principal Place of Business Mailing Address 1100 LINTON BOULEVARD 1 CATE STREET SUITE C4 SUITE 3 **DELRAY BEACH FL 33444** PORTSMOUTH NH 03801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1996 2. Principal Place of Business 2a. Mailing Addres 4. FEI Number Applied For 1000 Market St 59-3367830 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Portsmouth NH \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible 29103801 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 84 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) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Change Addition Greene, Douglas 1000 Market St Bldg 1 Portsmouth NH 03801 GREENE, DOUGLAS NAME 1.2 NAME 1 CATE STREET, SUITE 3 STREET ADDRESS 1.3 STREET ADDRESS PORTSMOUTH NH CITY ST ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Akridge David A Change ■ Addition AKRIDGE, DAVID A NAME 2.2 NAME 1000 Market St 1 CATE STREET, SUITE 3 STREET ADDRESS 2.3 STREET ADDRESS Portsmouth NH 03801 PORTSMOUTH NH City-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change ☐ Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SY-ZIP 34. CITY-ST-ZIP DELETE 41 TITLE Addition NAME 4. 2 NAME

CITY-ST-ZIP 14. 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 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 application with an address.

SIGNATURE:

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

MALAF

TITLE

NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

3/17/98

Change

Change

Addition

☐ Addition

FILED

May 01 1998 8:00am

Secretary of State