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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENI# P96000 (059960					
	ONT HOSPITALITY, INC.				A PORTUGO DER LERIA REINE RANK RANK RANK RANK RANK RANK	RI BILID IBNIB (BIRD	a nan aa n 1 88 2
Principal Place of Business Mailing Address					, in the same of t		•••••••
2992 W INT'L SPEEDWAY BLVD 2992 W INT'L SPEEDWAY BLVI							
DAYTONA BCH FL 32114 DAYTONA BCH FL 32114					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					07/16/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			59-3435717	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		تـــــا Additional
22		27			3. Certificate of Clarks Desired	Fee Re	equired
City & Stat	ө	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip —	Country	Zip	Country		8. This corporation owes the current year	Intangible XYes	□No
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	to. Name and Address of New Registers	u Agent	
LIGH	ITSEY, ALTON L		Ľ.				
	SOUTH ORANGE AVE.		82	Street Add:	ress (P.O. Box Number is Not Acceptable)		
	E 1600		83			JT .	
ORLANDO FL 32801			Ľ				
Oligination in Section			84	City		85 Zip	Code
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligation of the state	ons of, Section 607.0505, Florida	onzed by a Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of the purpose on's board of directors. I hereby accept the appropriate of the purpose on the purpose on the purpose on the purpose on the purpose of the purpose on the purpose of the pu	ointment as re	gistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition !
NAME	NARAN, ISHWAR		1.2 NAME				
STREET ADDRESS	281 S ATLANTIC AVE		1.3 STREET	TADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 CITY-S	T-ZIP			
TITLE	D DELETE 2.13		2.1 TITLE			☐ Change	☐ Addition
NAME	BHOOLA, MOHAN		2.2 NAME				
STREET ADDRESS	281 S ATLANTIC AVE		2.3 STREE	T ADDRESS			*
CITY+ST-ZIP			2.4 CITY-5	ST-ZIP	Manual Ma		
TITLE	PD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	PATEL, MANILAL R		3.2 NAME				
STREET ADDRESS	2992 W INTERNATIONAL SPEEL	DMAA READ		T ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL 32114	Court	3.4. CITY-5	ST-ZIP		☐ Change	☐ Addition
TITLE	D D	☐ DELETE	4.1 TITLE			L-1 Orlange	
NAME	PATEL, KISHOR	OWAY DIVO	4, 2 NAME				
STREET ADDRESS	2992 W INTERNATIONAL SPEEL	DWAT BLVD		TADDRESS			ļ
CITY-ST-ZIP	DAYTONA BCH FL 32114		4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ nere ie	5.1 TITLE 5.2 NAME				
NAME			1	T ADDRESS			ļ
STREET ADDRESS	l		5.4 CITY-S				
TITLE	7 18 . 7	☐ DELETE	6.1 TITLE	1:41		☐ Change	Addition
DILE 25.5.	1 .			1			

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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

984-283-0643

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 005 ***150.00