

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

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**May 08 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 # **P96000068728 (0)**
1. Corporation Name
SUNNY HOTELS, INC.



Principal Place of Business: **3158 CRESTED CIRCLE ORLANDO FL 32837**
Mailing Address: **3158 CRESTED CIRCLE ORLANDO FL 32837-8956**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report
21	Suite Apt. # etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3406802	Applied For Not Applicable
22	City & State	27	City & State	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DYMOND, WILLIAM T JR 215 NORTH EOLA DRIVE ORLANDO FL 32801				10. Name and Address of New Registered Agent			
				81	Name		PATEL, BIPIN P
				82	Street Address (P.O. Box Number is Not Acceptable)		10816 BOCA POINTE DR
				83			
				84	City	ORLANDO	FL 85 Zip Code 32836

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: *Bipin P. Patel* DATE: **4-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, BIPIN P	1.2 NAME	PATEL, BIPIN P
STREET ADDRESS	3158 CRESTED CIRCLE	1.3 STREET ADDRESS	10816 BOCA POINTE DR
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, HASHMI B	2.2 NAME	PATEL, HASHMI B
STREET ADDRESS	3158 CRESTED CIRCLE	2.3 STREET ADDRESS	10816 BOCA POINTE DR
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Bipin P. Patel* DATE: **4-21-97** DAYTIME PHONE: **407-841-1700**

CR2E034 (9/96)