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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000075866** (9)

GANPATI HOSPITALITY INC.

Principal Place of Business 4872 CYPRESS WOODS DRIVE. NUMBER 321 ORLANDO FL 32811		Mailing Address 4872 CYPRESS WOODS DRIVE, NUMBER 321 ORLANDO FL 32811-3756			
				3. Date Incorporated or Qualified 09/11/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3402946	Applied For Not Applicable
	AMERICAN WAY		MERICAN WAY	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 OR CR	NDO FL	City & State 28 ORLAND		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3.2	Country 25 U.S.A	Zip 29 32819	30 U·5. A		Yes 12 No
	9. Name and Address of Current EL, ARVIND		81 Name	10. Name and Address of New Re	gistered Agent
	2 Cypress Woods Drive, Num Ando FL 32811	BER 321	82 Street Addr 5900	ress (P.O. Box Number is Not Acceptable) AMERICAN WAY	FL 85 Zip Code 3 28 1 9
office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State or mailtain with, and accept the obligate state of the collection of the collection of the state of the collection of the collec	of Florida. Such change wi ions of, Section 607.0505	atutes, the above-named corp vas authorized by the corporat b, Florida Statutes.	poration submits this statement for the ption's board of directors. I hereby acception	purpose of changing its registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PATEL, ARVIND 4872 CYPRESS WOODS DRIVE, ORLANDO FL 32811	, NUMBER 321	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	PATEL, SANJAY 4872 CYPRESS WOODS DRIVE	NI IMPED 991	2.2 NAME		·
STREET ADDRESS CITY+ST-ZIP	ORLANDO FL 32811	, NOMBER 321	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
THLE	D	☐ DELETE	3 1 TITLE		Change Addition
NAME	PATEL, JAY R		3 2 NAME		
STREET ADDRESS	4872 CYPRESS WOODS DRIVE	, NUMBER 321	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		ļ
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP			. 4.4 CITY - ST - ZIP		Charles and the same
TITLE		DELETE			Change Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE			☐ Change ☐ Addition
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		

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.

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2/1/97 (407) 352-8383

FILED

Feb 17 1997 8:00am

Secretary of State