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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102428 (5)

MOUNT VERNON MOTOR LODGE, INC.

FILED

May 20 1997 8:00am

Secretary of State

| <u></u> | | | | | | | | |
|---|---|--|------------------|--|--|---|------------------|--|
| Principal Place of Business Mailing Address | | | | | r isterietes die levet eight etalst bital enlitt st | e caminade nim south mitte mant, dann maint statt mante sibit diese sibbt fött sout | | |
| 4243 NORTHLAKE BLVD 4243 NORTHLAKE BLVD | | | | | | | | |
| SUITE D | | SUITE D | | | | | | |
| PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 3 | | | ·L 33410-627 | 5 | 3. Date Incorporated or Qualified | 3a. Date of Last R | lonor! | |
| | - | | | | 12/18/1996 | 38. Date of Last R | eport | |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Ar | oplied For | |
| 21 Cuito Ant | 26 | | | | 65-0716149 | | | |
| Suite, Apr. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | | |
| 27 | | | | | Fee Required | | quired | |
| City & Stat | · • • • • • • • • • • • • • • • • • • • | | | | 6. Election Campaign Financing \$5.00 May Be | | May Be | |
| 23 | 28 | | | Trust Fund Contribution L Added t | | to Fees | | |
| Zip | Country | Zip | Count | ry | 8. This corporation has liability for int | | . 199.032, | |
| 24 | 25 | 29 | 30 | | | Yes 🔼 No | | |
| | 9. Name and Address of Currer | nt Registered Agent | 8 | 41 - 11 | 10. Name and Address of New Regi | stered Agent | | |
| | OT, DILIP | | • | 1 Name | | | | |
| 4243 NORTHLAKE BLVD | | | 8: | 2 Street | Address (P.O. Box Number is Not Acceptable |) | | |
| SUITE D | | | <u> </u> | 4 | | | | |
| ' PALI | M BEACH GARDENS FL 33410 | | 8: | 3 | | | | |
| • | | | 8- | 4 City | | 85 Zip | Code | |
| 73-2 | | | | <u> </u> | corporation submits this statement for the pur poration's board of directors. I hereby accept | FL S Z P | | |
| SIGNATURE | am familiar with, and accept the oblig | ent and tille if applicable (NO | TF: Registered A | | required when reinstating) | DATE | 20 11 40 | |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR Change | S IN 12 Addition | |
| TITLE | D PAROT NUR | [_] DELETE | 1.1 TITLE | | Senior Vice President John F. Weir | ☐ Change | Modition (| |
| NAME | BAROT, DILIP | rn | 1.2 NAME | | 4243 Northlake Blvd. | | | |
| STREET ADDRESS | 4243 NORTHLAKE BLVD, SUIT | | | ET ADDRESS | Palm Beach Gardens, FL | 33410 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33 | | 1.4 CITY | ST-ZIP | Vice President | · | N/ Addition | |
| TITLE | , | DELETE | 21 TITLE | |) | Change | Addition | |
| NAME | | | 2.2 NAME | | Timothy P. Wheat | | | |
| STREET ADDRESS | | | 23 STRE | E1 ADDRESS | 4243-D Northlake Blvd. | 22410 | | |
| CITY - ST - ZIP | | The state of the s | 2. 4 CITY | | Palm Beach Gardens, FL | | K2 1 | |
| TITLE | | DELETE | 3.1 TITLE | | Secretary | ☐ Change | Addition | |
| NAME | | | 3.2 NAME | | Anitra D. Lanczi | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | 4243-D Northlake Blvd. | 22410 | | |
| CITY-ST-ZIP | | | 3.4. CITY | | Palm Beach Gardens, FL | | | |
| TITLE | | [_] DELFTE | 4.1 TITLE | i | Treasurer | L Change | Addition | |
| NAME | | | 4. 2 NAM | E | Bruce W. Adams | | | |
| STREET ADDRESS | | | 4.3 STREI | T ADDRESS | 4243-D Northlake Blvd. | | | |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | Palm Beach Gardens, FL | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition | |
| NAME | | | 5 2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | ST-ZiP | | · | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | | CONTRACT | nene | a C | |
| STREET ADORESS | | | 6.3 STRE | ET ADDRESS | 500002200 -06/04/9701000 | JOUS : 201/ | 05 | |
| CITY-ST-ZIP | | | 6.4 CITY- | ST-ZIP | ************************************** | 014 | 5/20/9 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1); 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 eath; that I am an officer or director of the corporation of 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 an artistachment with an address.

SIGNATURE

Nilia BOUT

4/25/97 /5/11/107-7989