

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

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102428 (5)

1. Corporation Name

MOUNT VERNON MOTOR LODGE, INC.

Principal Place of Business

310 BELVEDERE ROAD  
WEST PALM BEACH FL 33405

Mailing Address

310 BELVEDERE ROAD  
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

65-0716149

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARIKH, KANU  
310 BELVEDERE ROAD  
WEST PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAROT, DILIP	
STREET ADDRESS	4243 NORTHLAKE BLVD, SUITE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	WEIR, JOHN F	
STREET ADDRESS	4243 NORTHLAKE BLVD, SUITE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHEAT, TIMOTHY P	
STREET ADDRESS	4243 NORTHLAKE BLVD, SUITE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LANCZI, ANITRA D	
STREET ADDRESS	4243 NORTHLAKE BLVD, SUITE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, BRUCE W	
STREET ADDRESS	4243 NORTHLAKE BLVD, SUITE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARIKH, KANU	
1.3 STREET ADDRESS	310 BELVEDERE RD.	
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARIKH, NILESH	
2.3 STREET ADDRESS	8096 ROSEMARIE AVE E	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARIKH, MAULISH	
3.3 STREET ADDRESS	1501 15th WAY - SANDALWOOD	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 attached sheet with an address.

SIGNATURE:

1/21/98

(86)-832-0094

CR2E034 (10/97)