06181999-90005-010-$150.00-$150.00 * 07081999-90010-022-$400.00-$400.00

FILED
Jun 18, 1999 8:00 am
Secretary of State
06-18-1999 90005 010 ***150.00
07-08-1999 90010 022 ***400.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036387

1. Corporation Name
WE R MOTELS INC.

Principal Place of Business	Mailing Address
3036 BIG SKY BLVD. KISSIMMEE FL 34744	3036 BIG SKY BLVD. KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1997

2. Principal Place of Business	2a. Mailing Address
21 3960 N.W. Blitchton Rd	26 3960 N.W. Blitchton Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34482 Country 25 Marion	Zip 29 34482 Country 30 Marion

4. FEI Number: 59-3452250 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTER, BERNARD R
3036 BIG SKY BLVD.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: MITHA, NIZAR A.
82 Street Address (P.O. Box Number is Not Acceptable): 3960 N.W. BLITCHTON RD.
83
84 City: OCALA FL 85 Zip Code: 34482

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] 7/21/99
Signature, typed or printed name of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MITHA, NIZAR A 3960 NW BLICHTON RD OCALA FL 34482	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/VP MITHA, NIZAR A. 3960 N.W. BLITCHTON RD. OCALA, FL 34482	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P RAMRATTAN, SALIMA 3960 N.W. BLITCHTON RD. OCALA, FL 34482	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S MITHA, JASMIN N. 3960 N.W. BLITCHTON RD. OCALA, FL 34482	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T MITHA, IMTYAZ 3960 N.W. BLITCHTON RD. OCALA, FL 34482	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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.

SIGNATURE: [signature] 7/18/99 (352)-401-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #