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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000037066

1. Corporation Name

MANATEE RIVER INNS, INC.

Principal Place of Business
4800 N TAMIAMI TR
4800 N TAMIAMI TR SARASOTA FL 34243
•

Mailing Address

4800 N TAMIAMI TR SARASOTA FL 34243

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90175 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							04/23/1998			
2. Principal Pl	lace of Business	2a.	Mailing Address			· · ·	4. FEI Number	App	plied For	
21		26					65-0830913.	No	Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			·		\$8.75 ₽	dditional	
22		27 -				·	5. Certifcate of Status Desired	Fee.Re	quired	
City & State		+	City & State		-		6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added to	, ,	
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year			
\neg	25	\vdash	- -P	30	,		Personal Property Tax.		□No I	
24	9. Name and Address of Current	29	ared Agent	30			10. Name and Address of New Register			
	9. Name and Address of Current	i Regisi	eleu Ageilt		81 N	ame 🥙				
НΔМ	ILIN, CURTIS D ESQ.]"] "		NAUCHLALLI VATEL			
	MANATEE AVE W				81 Name SONMUCHCAL DATEC 82 Street Address (P.O. Box Number is Not Acceptable) 480, No. TAMIAMI TRAIL					
						_480	O, N. TAMIAMI	TRAIL		
DIVA	DENTON FL 34205				83	•				
					84 Ci	ر همر براز	2010 - 5	85 Zip C	ode	
					••	"S#	<i>FUASOTA</i> F		234	
11. Pursuant	to the provisions of Sections 607,0502	2 and 60	7.1508, Florida Statut	tes, the a	bove-na	med corpo	oration submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the State of	of Florid:	a. Such change was a	uthorized	by the	corporation	n's board of directors. I hereby accept the ap	pointment as rec	gistered	
agent. I a	m familiar with, and accept the obligat	tions of	Section by 7. USUS. FIG	MICH SIRI	utes.			W-30 P	<i>a</i> .	
SIGNATURE.	Jonnwolay !	<u>: يحلا</u>	vacy	. D. sisters	Agent even	edium manifesal	when reinstating) DATE	4-20 47	<u> </u>	
	Signature, typed or printed name of registered agent OFFICERS ANI			13.	Agent sign	artine redorien	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	OFFICERS AIN	DIRE	DELETE	11 TI	7.5		O DESTRUCTION OF THE PROPERTY	Change	Addition	
TITLE							ONMUCHCAL L. BA			
NAME				1.2 N						
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CITY-ST-ZIP				1.4 C	TY-ST-ZIP	51	4004801A - 62	·4α34.		
TITLE			☐ DELETE	2.1 TI	TLE	· ν		Change	Addition	
NAME				2.2 N	AME	R	DREAT L. MILLER			
STREET ADDRESS				2.3 S	TREET ADO	RESS	517 SECOND STREET	- Was	7. \	
CITY-ST-ZIP	n			2.40	ITY-ST-ZIF	, 1	OBERT L. MILLER 517, SECOND STREET BRADENTON- FL 3	120 5		
TITLE			☐ DELETE	3.1 TI			7	☐ Change	Addition	
NAME				3.2 N		رم	AMILA & DATES		1	
				1	TREET ADO	DE00 1/	AMILA S. PATEL 800, N. TAMIAMI I ANASOTA - FC.	A.		
STREET ADDRESS						TC00 43	PARACOTA TO	71/234		
CITY-ST-ZIP			□ BC/CTC		ITY-ST-ZIF	رر	THO 2014 - CC.	S Change	Addition	
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				5.4.0	ITY-ST-ZIP	.]			j	
CITY-ST-ZIP			☐ DELETE	6.1 T		-		Change	Addition	
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NAME .	• •			1			- .			
STREET ADDRESS					TREET ADD	1 .*			Ì	
OTTY OT TIE				6.4 C	ITY-ST-ZIP	· [6				

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: