

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

99 MAR 26 AM 11:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P98000052939**

1. Corporation Name  
**KNOLL'S COURT MOTEL, INC.**

Principal Place of Business      Mailing Address

4755 PINE ISLAND ROAD      4755 PINE ISLAND ROAD  
 MATLACHA FL 33993      MATLACHA FL 33993

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/12/1998**

4. FEI Number  
**65-0843017**      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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. **5801 Maple Brook Dr**

22. City & State      27. **Midlothian Va**

23. Zip      Country      28. **23112**      30. **USA**

9. Name and Address of Current Registered Agent

**KALATA, STEVEN**  
**4755 PINE ISLAND ROAD**  
**MATLACHA FL 33993**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83. City  
 84. **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALATA, STEVEN</b>	12 NAME	
STREET ADDRESS	<b>4755 PINE ISLAND ROAD</b>	13 STREET ADDRESS	<b>5801 Maple Brook Dr</b>
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	14 CITY-ST-ZIP	<b>Midlothian, Va 23112</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>Arlene A. Kalata</b>
STREET ADDRESS		23 STREET ADDRESS	<b>5801 Maple Brook Dr</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>Midlothian, Va 23112</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(c), 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: *Steve Kalata*      24 Jan 99      804-359-1900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Dryline Phone #

CR2E034 (1/98)