

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90035 013 ***150.00

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1. Corporation Name

L&J HOTELS INC

Principal Place of Business

**KISSIMMEE
FLORIDA**

Mailing Address

**4657, W. IRLO BRONSON
H.WY
KISSIMMEE
FL 34746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

SEPT 25, 1998

4. FEI Number

52-2129802

Applied For

Not Applicable

2. Principal Place of Business

21 SAME AS ABOVE (1)

2a. Mailing Address

26 SAME AS ABOVE (1)

Suite, Apt. #, etc.

22 SAME AS ABOVE (1)

Suite, Apt. #, etc.

27 SAME AS ABOVE (1)

City & State

23 SAME AS ABOVE (1)

City & State

28 SAME AS ABOVE (1)

Zip

Country

24 SAME AS ABOVE

25 SAME AS ABOVE

29

Zip

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JEYASELVAN, KANA
4657, W. IRLO BRONSON H.WY
KISSIMMEE,
FL 34746**

10. Name and Address of New Registered Agent

81 Name

N/A

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

N/A

83

N/A

84 City

N/A

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

K. Jeyaraj JEYASELVAN KANA (PRESIDENT)

05-23-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT, SECRETARY** ☐ DELETE

NAME **JEYASELVAN KANA**

STREET ADDRESS **4657, W. IRLO BRONSON H.WY**

CITY-ST-ZIP **KISSIMMEE, FL, 34746**

TITLE **VICE PRESIDENT, TREASURER** ☐ DELETE

NAME **THIRUTHAMBIGAI, JEYASELVAN**

STREET ADDRESS **4657, W. IRLO BRONSON H.WY**

CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE: **K. Jeyaraj JEYASELVAN KANA (PRESIDENT)** **05-23-99** **(407) 396-8008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)