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FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90006 050 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # S11870

1. Corporation Name

SIESTA PLAZA MOTEL, INC.

Principal Place of Business

**1120 SUN N SEA DR
SARASOTA FL 34242**

Mailing Address

**3610 BROOKLYN AVE
FT WAYNE IN 46809
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1990

4. FEI Number

65-0228616

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

**GROVES, JAMES
1120 SUN N SEA DR
SARASOTA FL 34242**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOHRMAN, JOHN M	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUHLER, JOSEPH M	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAGHID, MOURTADA	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, DONALD M	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, MARK	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSOS, NANCY M	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mohrman, Michael	
1.3 STREET ADDRESS	3610 Brooklyn Ave	
1.4 CITY-ST-ZIP	Fort Wayne, IN	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Musselman, Robert	
2.3 STREET ADDRESS	3610 Brooklyn Ave	
2.4 CITY-ST-ZIP	Fort Wayne, IN	
3.1 TITLE	H D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hopen, Bruce	
3.3 STREET ADDRESS	3610 Brooklyn Ave	
3.4 CITY-ST-ZIP	Fort Wayne, IN	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Acker, Herbert	
4.3 STREET ADDRESS	3610 Brooklyn Ave	
4.4 CITY-ST-ZIP	Fort Wayne, IN	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fritch, Dan	
5.3 STREET ADDRESS	3610 Brooklyn Ave	
5.4 CITY-ST-ZIP	Fort Wayne, IN	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elhage, William	
6.3 STREET ADDRESS	3610 Brooklyn Ave	
6.4 CITY-ST-ZIP	Fort Wayne, IN	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

215-478-5226

Daytime Phone #

CR2E034 (11/98)