

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **S41928** (0)
1. Corporation Name
SAGAR MOTEL CORP.

Principal Place of Business 2 BEVERLY HILLS BLVD. BEVERLY HILLS FL 34485	Mailing Address 2 BEVERLY HILLS BLVD. BEVERLY HILLS FL 34485
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5642 Oakley Blvd Suite, Apt. #, etc. 22 Wesley Chapel, FL City & State 23 33544 Zip 24 Pasco	2a. Mailing Address 26 5642 Oakley Blvd Suite, Apt. #, etc. 27 Wesley Chapel, FL City & State 28 33544 Zip 29 Pasco	3. Date Incorporated or Qualified 04/01/1991	4. FEI Number 59-3056609 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	--	---

9. Name and Address of Current Registered Agent

MEHTA, DILIP S
3609 N. TIMOTHY TERRACE
BEVERLY HILLS FL 34485

10. Name and Address of New Registered Agent

81 Name MEHTA, DILIP S.
82 Street Address (P.O. Box Number is Not Acceptable) 25353 SEVEN RIVERS CIRCLE
83
84 City LAND O LAKES
85 Zip Code FL 34639

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP MEHTA, DILIP S	1.2 NAME	MEHTA, DILIP S.
STREET ADDRESS	3609 N. TIMOTHY TERRACE	1.3 STREET ADDRESS	25353 SEVEN RIVERS CIRCLE
CITY-ST-ZIP	BEVERLY HILLS FL 34485	1.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS MEHTA, SMITA D	2.2 NAME	MEHTA, SMITA D.
STREET ADDRESS	3609 N. TIMOTHY TERRACE	2.3 STREET ADDRESS	25353 SEVEN RIVERS CIRCLE
CITY-ST-ZIP	BEVERLY HILLS FL 34485	2.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE:

Dilip S. Mehta, Dilip S Mehta

813/991-4600

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Division Phone # 0468601

CR2E034 (10/97)