

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # **S59609** (5)

1. Corporation Name

MOTEL ASSOCIATES OF POMPANO BEACH, INC.

Principal Place of Business

Mailing Address

**2300 CORPORATE BLVD NW
EXECUTIVE CT II SUITE 232
BOCA RATON FL 33431**

**2300 CORPORATE BLVD NW
EXECUTIVE CT II SUITE 232
BOCA RATON FL 33431**



2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

8534 E. Kemper Rd.

27

Suite, Apt. #, etc

28

Cincinnati, OH

29

45249

Country

US

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0269718

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECK, LOUIS S.
2300 CORPORATE BLVD
EXECUTIVE CT II SUITE 232
BOCA RATON FL 33431**

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's signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**BECK, LOUIS S.
2300 CRPT BVD NW II #232
BOCA RATON FL**

☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐

Change

☐

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Louis S. Beck

Louis S. Beck

6-11-96

(513) 489-1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (3/96)