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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25104

(3)

KEY MOTEL COMPANY

1997

Principal Place of Business Mailing Address 4810 W IRLO BRONSON HWY 4810 W IRLO BRONSON HWY KISSIMMEE FL 34746 US US								
		03			3. Date Incorporated or Qualified 03/31/1992		of Last Re /1996	eport
f	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt	#, etc	26			59-3114509		\$8.75	t Applicable
22 27					5. Certificate of Status Desired		Fee Re	
City & Stat	6	City & State		*	6. Election Campaign Financing		\$5.00	
[23] Zip	Country		Country		Trust Fund Contribution	internalista te	Added 1	
24	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curr	ent Registered Agent		·_··	10. Name and Address of New Ro	glatered Ac	jent	
	Breeze Bookkeeping tax s	ERVICE	81	Name				
101 SEABREEZE BLVD				Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
STE 108 DAYTONA BCH FL 34746				· · · · · · · · · · · · · · · · · · ·				
UAT	TONA DOR PL 34/40		63					
			B4	City		FL	85 Zip (Code
11. Pursuant office or ragent I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stam lamiliar with, and accept the obli	02 and 607.1508, Florida Statute te of Florida Such change was a gations of, Section 607.0505, Flor	s, the above- uthorized by trida Statutes.	named corp he corporat	oration submits this statement for the ion's board of directors. I hereby acce	purpose of c pt the appoi	hanging its	s registered registered
	Superary Greed or printed name of registered a			signature requir	red when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			(
TOTAL NAME	CHEN, TE-CHU	☐ DELETE	1.1 TITLE	}		L.	Change	L] Addition
SUBERT APPRESS	4733 W. IRLO BRONSON HY	Υ	1,2 NAME 1,3 STREET A	nnness				1
Caty-SI-ZP	KISSIMMEE FL		1.5 STREET A	- 1				1
TIMES			2.1 TITLE	-		I	Change	Addition
NAME !	2.		2.2 NAME	1				
STREET ACIORESS			23 STREET A	DDRESS				1
CLEY-ST ZIP			2.4 CITY-ST-	· ZIP	M.————————————————————————————————————		7.00	-
THE			3 1 TITLE	}		L.	Change	Addition
NAMI STREET ADDRESS			3.2 NAME 3.3 STREET A	DUBESS				, }
CITY ST ZIF			3.4. CITY-ST					l
1-10.1	100 m o	☐ DELETE	4.1 TITLE		·		Change	Addition
NAME			4.2 NAME	1				Ì
STREET ADDRESS			4.3 STREET A	DORESS				{
City St 7#	· · · · · · · · · · · · · · · · · · ·	T DOLLAR	4.4 CITY - ST-	ZIP			Tonace	- Date State
Tif.F NAME		☐ DEFELE	51 TITLE	}		L.	Change	Addition)
STREET ADORESS			5.2 NAME 5.3 STREET A	ODBESS				1
CITY ST ZIP			5.4 CITY - ST-	J				{
THE		☐ DELETE	6.1 TITLE		.—		Change	Addition
NAME			6.2 NAME	Í	· · · · · · · · · · · · · · · · · · ·		_ •	,
STREET ADDRESS			63 STREET A	DDRESS				
CITY - ST - ZIP			6.4 CITY-ST-	ZIP]				·
14. I do heret	by certify that the information suppl	ed with this filing does not qualify	for the exem	ption stated	in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	ihe

14. To beforeby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 or an attachment with an address.

SIGNATURE

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FILED

Mar 18 1997 8:00am

Secretary of State

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