

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # V44248

(5)

1. Corporation Name

PREMIER HOSPITALITY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:40

DO NOT WRITE IN THIS SPACE.

|                                                                                                                               |                                               |                                                                                    |  |                                                                                                                                                                                                     |                                       |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Principal Place of Business<br>301 S FRONTAGE RD<br>PLANT CITY FL 33566<br>US                                                 |                                               | Mailing Address<br>301 S FRONTAGE RD<br>PLANT CITY FL 33566<br>US                  |  | 3. Date Incorporated or Qualified<br>06/15/1992                                                                                                                                                     | 3a. Date of Last Report<br>07/06/1994 |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.                                                                      | 2a. Mailing Address<br>26 Suite, Apt. #, etc. | 4. FEI Number<br>59-3157874                                                        |  | Applied For<br>Not Applicable                                                                                                                                                                       |                                       |
| 22 City & State                                                                                                               | 27 City & State                               | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required                                                                                                                                                                      |                                       |
| 23 Zip                                                                                                                        | 28 Country                                    | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                                                                                                                                                                         |                                       |
| 24 Zip                                                                                                                        | 25 Country                                    | 29 Zip                                                                             |  | 30 Country                                                                                                                                                                                          |                                       |
| 9. Name and Address of Current Registered Agent<br>MASSEY, GARY E.<br>112 W. CITRUS STREET<br>ALTAMONTE SPRINGS FL 32714-2577 |                                               |                                                                                    |  | 10. Name and Address of New Registered Agent<br>81 Name DINESH PATEL<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 301 S. FRONTAGE RD.<br>84 City PLANT CITY, FL 85 Zip Code 33566 |                                       |

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PATEL, DINESH L.    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 301 S FRONTAGE ROAD | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | PLANT CITY FL       | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | ST                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PATEL, INDIRA       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 301 S FRONTAGE ROAD | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | PLANT CITY FL       | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 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                      |                     | 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                      |                     | 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                      |                     | 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 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; 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE