

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 29 1996 8:00 am  
Secretary of State

DOCUMENT # **V44248** (5)

1. Corporation Name

**PREMIER HOSPITALITY, INC.**

Principal Place of Business

**301 S FRONTAGE RD  
PLANT CITY FL 33566  
US**

Mailing Address

**301 S FRONTAGE RD  
PLANT CITY FL 33566  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

**PATEL, DINESH  
301 S FRONTAGE RD  
PLANT CITY FL 33566**

3. Date Incorporated or Qualified

**06/15/1992**

3a. Date of Last Report

**02/10/1995**

4. FEI Number

**59-3157874**

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

10. Name and Address of New Registered Agent

81 Name **SOLAY, MAHENDRA L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**301 S. FRONTAGE ROAD**  
83  
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)*  
Signature, typed or printed name of registered agent and title if applicable

**MAHENDRA L. SOLAY**

**3/22/96**

(NOTE: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PATEL, DINESH L.	301 S FRONTAGE ROAD	PLANT CITY FL	<input checked="" type="checkbox"/>
ST	PATEL, INDIRA	301 S FRONTAGE ROAD	PLANT CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	SOLAY, MAHENDRA L.	301 S. FRONTAGE ROAD	PLANT CITY, FL 33566	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAHENDRA L. SOLAY**

**3/22/96**

**(813) 752-0570**

DATE

DAYTIME PHONE #

CR2E034 (12/95)