

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/15/1992**  
3a. Date of Last Report: **02/10/1995**  
4. FEI Number: **59-3157874**  
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  
**PATEL, DINESH  
301 S FRONTAGE RD  
PLANT CITY FL 33566**

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**  
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]* **MAHENDRA L. SOLAY** 3/22/96  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLAY MAHENDRA L.	
STREET ADDRESS	301 S. FRONTAGE ROAD	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *[Signature]* **MAHENDRA L. SOLAY** 3/22/96 (813) 752-0570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)