

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J61437** (6)

1. Corporation Name

AMERICAN INN OF COLUMBIA COUNTY, INC.



Principal Place of Business

Mailing Address

% PRAPTI/INTERSTATE GROUP
P.O. BOX 2536
DES PLAINES IL 60017-2536

% PRAPTI/INTERSTATE GROUP
P.O. BOX 2536
DES PLAINES IL 60017-2536

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HALEY, WILLIAM J.
P.O. BOX 1029
LAKE CITY FL 32056**

3. Date Incorporated For or Qualified 03/10/1987	3a. Date of Last Report 03/07/1995
4. FEET Number 59-1792440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL 85

11. Pursuant to the provisions of Sections 607.011 and 607.013(1)(b), 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. Thereby, accept the appointment as registered agent. I am not a director and accept the obligations of Sections 607.011 and 607.013(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: SD PATEL, VARSHA A.	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 4295 EISENHOWER CIRCLE	2. STREET ADDRESS:
3. CITY, STATE, ZIP: HOFFMAN ESTATES IL 60131	3. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: PD PATEL, ARVIND M.D.	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: 4295 EISENHOWER CIRCLE	5. STREET ADDRESS:
6. CITY, STATE, ZIP: HOFFMAN ESTATES IL 60131	6. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	7. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS:	8. STREET ADDRESS:
9. CITY, STATE, ZIP:	9. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	10. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS:	11. STREET ADDRESS:
12. CITY, STATE, ZIP:	12. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME:	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS:	14. STREET ADDRESS:
15. CITY, STATE, ZIP:	15. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 listed on this 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 person or persons 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 addition table with an address.

SIGNATURE: *Arvind Patel* *Patel* *117 ac*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)