

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

FILED
Jun 04 1998 8:00am,
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Brenda S. Matthews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
P97000048957
SAAJAN HOSPITALITY, INC.

Principal Place of Business Mailing Address
621 EAST SUGARLAND HWY
CLEWISTON, FLORIDA

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
6/20/97
4. FEJ Number 65-0758185 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
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SUNIL PATEL
621 EAST SUGARLAND HWY
CLEWISTON, FLORIDA 33440

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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]* DATE 5/20/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	SUNIL PATEL	
STREET ADDRESS	621 EAST SUGARLAND HWY	
CITY - ST - ZIP	CLEWISTON, FLORIDA 33440	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		Change	Addition
12 NAME	500002552915		
13 STREET ADDRESS	-06/09/98--01069--002		
14 CITY - ST - ZIP	***150.00		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I declare under penalty that the information contained in this annual report is supplemental and all report is true and accurate and that my signature shall have the same legal effect as if made personally by me. I am an authorized officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name appears in the report.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR