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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **299891** **(2)**

1. Corporation Name
FENTON HILL FLORIDA, INC.

Principal Place of Business	Mailing Address
% TAMPA INTERNATIONAL AIRPORT LEVEL 3 TAMPA FL 33607	% TAMPA INTERNATIONAL AIRPORT LEVEL 3 TAMPA FL 33607

3. Date Incorporated or Qualified: 12/17/1965
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Tampa Int'l. Airport	26 c/o Tampa Int'l. Airport
Suite, Apt #, etc. 22 Marriott Hotel, Suite C-19	Suite, Apt #, etc. 27 Marriott Hotel, Suite C-19
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33607 Country 25 USA	Zip 29 33607 Country 30 USA

4. FEI Number: 59-1151071 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STACKHOUSE, SUSAN H.		1.2 NAME		
STREET ADDRESS	%TAMPA INT'L AIRPORT LEVEL 3		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GELLER, BARBARA		2.2 NAME		
STREET ADDRESS	8619 PASTORE VIEW LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BERNSTEIN, DAVID H.		3.2 NAME	Bernstein, David H.	
STREET ADDRESS	6741 BAYMEADOW DRIVE		3.3 STREET ADDRESS	6741 Baymeadow Drive	
CITY-ST-ZIP	GLEN BURNIE MD		3.4 CITY-ST-ZIP	Glen Burnie, MD	
TITLE		☐ DELETE	4.1 TITLE	ST	☐ Change ☒ Addition
NAME			4.2 NAME	Ciccarello, Spring M.	
STREET ADDRESS			4.3 STREET ADDRESS	c/o Tampa Int'l. Airport Marriott Hotel, Suite C19	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x Susan H. Stackhouse 1/16/97 813-396-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN H. STACKHOUSE