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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 673835

HOTEL-MOTEL MANAGEMENT CORP.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

3485 N. DESERT DR., STE 106, BLDG, 2 AIRPORT 285 OFFICE PARK EAST POINT GA 30344 3485 N. DESERT DR., STE 106, BLDG, 2 AIRPORT 285 OFFICE PARK EAST POINT GA 30344

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90069 030 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/17/1980

59-2004690

4. FEI Number

City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
3]		28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	,	8. This corporation owes the cur	rent year Intangible	
.4			30		Personal Property Tax. ☐ Yes ☐ No		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent	
			81	Name			
YADI	O, JESS J., III, ESQ		82	Street Add	ress (P.O. Box Number is Not Accept	able)	
4830 W. KENNEDY BLVD., STE 750]**	Offeet Address (F.O. Box Number is Not Acceptable)			
TAM	IPA FL 33609		83		1974年中華語 网络。	42 by 410 FM 220 110 F	
			<u></u>			Anderson desired the second	ian fiall (43)
			84	City	A SECTION AND A SECTION AND ASSESSED.	F1 85 Zip C	ode
11: Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida S	Statutes, the abov	e-named corp	poration submits this statement for the	purpose of changing its	registered
office or re	registered agent, or both, in the State of	Florida, Such change v	vas authorized by	the corporation			
Assi agenta cal	m familiar with, and accept the obligation	ons of, Section 607.0505	o, Florida Statutes	3 .			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable	(NOTE: Registered Age	nt cionatura require	d when reinstating)	DATE	
12.	OFFICERS AND		13.	m argination a require	ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	D	DELET		7-		[] Change	Additio
NAME	KASSAM, P H	_ +	1.2 NAME	1			
STREET ADDRESS	53 BRIARSCROSS BLVD			T ADDRESS			
	AGINCOURT, ONT, CAN						
CITY-ST-ZIP	PD PD	DELET	1.4 CITY-S E 2.1 TITLE	51-ZIP	·	Change	Addition
NAME	• =		• • • • • • • • • • • • • • • • • • • •			C Crisings	
	KASSAM, AZIM P		2.2 NAME				
STREET ADDRESS	,		4	TADDRESS			
CITY-ST-ZIP	AGINCOURT, ONT, CAN	□ BELET	2.4 CITY-5	ST-ZIP		C7.05	
TITLE (SAN)	S may be the little of the little					☐ Change	☐ Addition
NAME (KASSAM, AZIM, P		3.2 NAME				
STREET ADDRESS	53 BRIARCROSS BLVD		3.3 STREET	TADORESS		* 0.88.1904-002	lar Albanda.
CITY-ST-ZIP	AGINCOURT, ONT,CAN		3.4. CITY- S	ST-ZIP	<u></u>	母亲的 医乳腺性	4.14.14
TITLE	·	☐ DELET	E 4.1 TITLE			Change 5	Addition [
NAME	EBS CAN SHIP	1	4.2 NAME				
STREET ADDRESS		. 300	4,3 STREET	TADDRESS			
CITY-ST-ZIP	N. O. S. Control of the Control of t	<u> </u>	4.4 CITY-S	T-ZIP			
TILE		☐ DELET				☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			. 5.3 STREET	T ADDRESS		•	
CITY-ST-ZIP	0		5.4 CITY-5	T-ZIP	·		
MILE	1000	☐ DELET	E 6.1 TITLE			Change	Addition
IAME]	51 1 Section 2011		6.2 NAME	j			
1	RESIDENCE THE CONTRACTOR		6.3 STREET	TADDRESS			
STREET ADDRESS				17001400			
STREET ADDRESS	10		6.4 CITY-S				

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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

119199

404-762-6322