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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F93000004961 (9)

PALM HOSPITALITY COMPANY

Principal Place of Business

GOOD MICOT ALABIEDA AVE. OTC. SAOY

Mailing Address

2000 WEST ALAMEDA AVE. STC 2400

FILED May 08 1998 8:00am Secretary of State



BURBANK CA 91521-6760		BURBANK CA 91521-6760			DO NOT WRITE IN TH	HS SDACE	
					3. Date Incorporated or Qualified	IS SPACE	
					11/02/1993		
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number	Ap	plied For
21		26 500 S. Buena	Vista St	•	95-4449504	No	t Applicable
Suite, Apt. #, etc.		Suile, Apl. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28 Burbank, CA			Trust Fund Contribution	Added t	o Fees
Zip	Country	Z(p)	Country		8. This corporation owes or has paid the		- ·
24	[25]	29 91521-0586	[30] U	SA	Personal Property Tax due June 30. 10. Name and Address of New Register		l No
CT	Name and Address of Curre Name and Address of Curre Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Hegister	ad Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				1421110			
PLANTATION FL 33324				Street Add	ress (P.O. Box Number is Not Acceptable)		
PU	MINION FL 33324		83				
			84	City		85 Zip (Code
11 Pursuant to	the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tes the above	-named cor			s registered
office or re	gistered agent, or both, in the Stat	e of Florida, Such change was	authorized by	the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as	registered
agent. Lan	n la miliar with, and accept the obli	gations of, Section 607.0505, II	lorida Statutes	1.	•		
SIGNATURE :	Signature, typed or ported name of registered #	acut and ten if epolicable (NO	It Registered Age	ni signalure regu	ired when reinstating) DAT	£	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PSD	☐ DELE te	1.1 TITLE	T		☐ Change	☐ Addition
NAME	DARROW, DAN W		1.2 NAME				
STREET ADDRESS	1950 MAGNOLIA PALM DRIV	Æ	1.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE BUENA VISTA FL 328	30	1.4 CiTY - S	T-ZIP			
TITLE	U	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	B ROWN, DENISE D		2.2 NAME				
STREET ADDRESS	3900 WEST ALAMEDA AVE.	, STE. 2400	2.3 STREET	ADDRESS			
CITY-ST-ZIP	BURBANK CA 91521-6760		2. 4 CITY - S	5T - ZIP	·		
TITLE	U	DELETE	3.1 TITLE			Change	☐ Addition
NAME	CUNNINGHAM, ROBERT D		3.2 NAME				
STREET ADDRESS	3900 W ALAMEDA AVE STE	2400	3.3 STREET	ADDRES\$			
CITY-ST-ZIP	BURBANK CA 91521		3.4. CITY - S	iT-7IP			
TITLE		DELETE	4.1 THILE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	r- zip			
TITLE		☐ DELETE	5.1 TITLE			L Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	I - ZIP			—
TITLE		☐ DELETE	6.1 TITLE			L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE1	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S		0 (10.07/0//) 5		(
14. I hereby co	ertify that the information supplied on this annual report or supplied	with this filing does not qualify f ta! annual report is true and ac	or the exemple curate and the	lion stated in at my signati	n Section 119.07(3)(i), Florida Statutes. I furthe ure shall have the same legal effect as if made	r certify that the under oath: the	intormation at I am an
officer or o	lirector of the corporation or the re- r Block 13 if changed, or on an att	ceiver or trustee empowered to	execute this	eport a req	juired by Chapter 607, Florida Statutes; and th	at my name app	pears in