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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K24103 1. Corporation Name

(9)

MIAMI SPRINGS HOTELS, INC.

incinal Place of Business	Mailing Addre

**FILED** May 01 1996 8:00 am Secretary of State

TAMPA FL 338		TAMPA FL 33602	£1						
						3. Date Incorporated or Qualified 05/19/1988	3a. Date 05/	of Las /01/1	•
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0053983			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional ee Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			.00 May Be doed to Fees
Zip	Country	Zip	Count	try		8. This corporation has liability for it		< unde	rs 199.032,
24	25	29	30			Florida Statutes X Yes			
	9. Name and Address of Curre	nt Registered Agent		т		10. Name and Address of New R	egistered A	gent	
			8	31	Name				
CALLEN,	DAVID H.		8	32	Street Add	fress (P.O. Box Number is Not Acceptable	le)		
111 W FC	ortune St.		L						
tampa fi	L 33602		18	33					
			8	34	City			85	Zip Gode
						oration submits this statement for the pur	FL		
familiar with SIGNATURE	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	i			ard of directors. I hereby accept the appo			
12.	Signature, typed or printed name of registered ager	nt and little if applicable. [NO ND DIRECTORS	13.	gent	signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	TORS IN 12
TITLE	DP OFFICERS AF	DELETE	1. 1 1/1	<u> </u>		ADDITIONS/OFFANGES TO OFFT		1 Chan	
NAME	CALLEN, DAVID H.	[-] 5226.12	1.2 NAV		Ì		_	1 0	,
	111 W. FORTUNE ST				ADDRESS				
STREET ADDRESS	TAMPA FL				1				
CITY-ST-ZIP TITLE	IAMFATL	☐ DELETE	1.4 C(TY 2. 1 T(T)		1 - ZIP			] Chan	ige: Addition
NAME		[ DEEE 12	2 2 NAM		1		_	,	
					ADDRESS				
STREET ADDRESS			2.3 S I N						
CITY - ST - ZIP TITLE		☐ DELETE	3. 1 TiTI		1-211		Γ	Chan	ge
NAME			3.2 NAM				_	•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3 4 CITY						
TITLE		☐ DELETE	4.1 TiTL	_				] Chan	ge 🔲 Addition
NAME			4.2 NAM	AE.					
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-S1-ZIP			4.4 CITY	/- ST	r-ZIP				
TITLE		☐ DELETE	5 1 TIT	LE				Chan	nge 🔲 Addition
NAME			52 NAM	AE.					
STREET ADDRESS			53 STR	EET /	ADDRESS				
CITY-ST-ZIP			5.4 CITY	r-st	r-ziP				
TITLE		☐ DEFELE	6 1 TITE			•		] Chan	ng: Addition
NAME			62 NAM	AE.					
STREET ADDRESS			63 STR	EET /	ADDRESS				
CITY - ST - ZIP			6.4 CITY						
	certify that the information supplied	with this filing is voluntarily furn				for the exemption stated in Section 119.	07(3)(k), Flo	ida St	atutes. I further

tal aminual report is true and accurate and trial my signature shall have the same legal effect as if made unde trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this annual report or oath; that I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or on an attack

SIGNATURE:

FICER OF DRIECTOR DOUBLE H COULD 4/4/46 (813) 224-6686