FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 S-21.90 B 6537 NC

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

DOCUMENT # K43582 (1)

1. Corporation Name

NORTHSTAR INNS, INC.

Principal Place of Business

3100 WINDAMAR ST
FORT LAUDERDALE FL 33304

Mailing Address

3100 WINDAMAR ST
FORT LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **11/04/1988**

3a. Date of Last Report: **02/24/1995**

4. FEI Number: **65-0081460**

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 organization conducts activities in Florida as an Employer, Contractor, or Taxpayer: ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip
29
County
30

9. Name and Address of Current Registered Agent

NOTOE, ROALD
3100 WINDAMAR ST
FT. LAUDERDALE FL 33304-1108

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 section 607.0505, Florida Statutes, the undersigned corporation hereby designates the above registered agent for the purpose of receiving service of process within Florida. Having been named registered agent at the above address, I hereby accept the appointment as registered agent and agree to comply with the provisions of Florida Statutes.

SIGNATURE

12 OFFICER AND DIRECTOR

Title	D	☐ Delete
NAME	NOTOE, ROALD	
Street Address	3100 WINDAMAR ST	
City-State-Zip	FT. LAUDERDALE FL	
Title	D	☐ Delete
NAME	MALMER, TROND	
Street Address	3100 WINDAMAR STR	
City-State-Zip	FT. LAUDERDALE FL	
Title		☐ Delete
NAME		
Street Address		
City-State-Zip		
Title		☐ Delete
NAME		
Street Address		
City-State-Zip		
Title		☐ Delete
NAME		
Street Address		
City-State-Zip		
Title		☐ Delete
NAME		
Street Address		
City-State-Zip		

13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS

Title		☐ Change ☐ Add
NAME		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Add
NAME		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Add
NAME		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Add
NAME		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Add
NAME		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Add
NAME		
Street Address		
City-State-Zip		

14. I further certify that the corporation has complied with the applicable requirements of section 607.1622, Florida Statutes. I further certify that the annual report and any Supplemental Report filed with this report are true and correct and that the signature(s) on all reports filed by the corporation with the Department of State during the preceding calendar year and any fee required by this report are those required by Chapter 607, Florida Statutes. I am a director or officer 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 above or on an attachment with an address.

SIGNATURE: R. Notoe May 17 1996 561 0306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)