

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
1725 N. W. 17TH AVENUE, TALLAHASSEE, FLORIDA 32310-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 5:10

DOCUMENT # **K93328** (8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name

GLADES HOTEL CORPORATION

Principal Place of Business

**1755 N CONGRESS AVE
BOYNTON BEACH FL 33426**

Home Address

**1755 N CONGRESS AVE
BOYNTON BEACH FL 33426**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

06/06/1989

3a. Date of Last Report

04/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0123186

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 § 199.032,
Florida Statutes Yes No

22. Suite Apt # etc

27. Suite Apt # etc

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD H.
1745 NORTH CONGRESS AVE
BOYNTON BEACH FL 33426**

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 Sections 607.06(2) 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 this 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Agent/Registered Agent)

(Signature of Registered Agent/Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
NAME: **BERGER, ANDREW**
STREET ADDRESS: **1755 N CONGRESS AVE**
CITY, ST, ZIP: **BOYNTON BEACH FL**

14. TITLE: Change Addition

TITLE: **V**
NAME: **GREENE, DOUGLAS**
STREET ADDRESS: **1755 N CONGRESS AVE**
CITY, ST, ZIP: **BOYNTON BEACH FL**

15. TITLE: Change Addition

TITLE: **S**
NAME: **MCMURRAIN, THOMAS T.**
STREET ADDRESS: **1755 N CONGRESS AVE**
CITY, ST, ZIP: **BOYNTON BEACH FL**

16. TITLE: Change Addition

TITLE: Change Addition

17. TITLE: Change Addition

TITLE: Change Addition

18. TITLE: Change Addition

TITLE: Change Addition

19. TITLE: Change Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is substantially true and correct, and that the information stated in Sections 139.07(3)(b), Florida Statutes, 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 officer or director 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 as an addition to such with an addition.

SIGNATURE:

Andrew Berger Andrew Berger

4/30/95

907-271-9900