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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	600 ME 18	D	IVISION OF V	CONFORM	IONS					
DOCUN 1. Corporation	MENT # N	39750		(7)	•						
	BARLETTA LODGI	F #2502 INC	ic.								
UENNI	DANLETTA LOUGI	L #2502, IIV	· · ·				111	A (118) 160 1111 1817 188) A1		AN RIAN AMIN A	HAM BURN NIB
Principal Place	of Business		Mailing Addr	ress							
C/O DOMENIO				NICK SALUTE	E						
P O BOX 523: SPRING HILL			P O BOX 5 SPRING HIL	232 LL FL 34606							
US			US				3. Date to 07	ncorporated or Qualified 7/23/1990	3a. [01/30/19	Report 195
2. Principal Pla 21	ace of Business		2a. Mailing A	Address	•		4. FEI N.	umber 9-3028513		-	ot Applicable
Suite, Apt. 1	#, etc.		Suite, Ap	ot. #, etc.			5. Certifii	cate of Status Desired		•	Additional
22			27		. ,						Required
City & State	9	<u> </u>	City & St	tate			I	on Campaign Financing Fund Contribution		•	May Be I to Fees
23 Zip	Country		28] Zip		Count	ry		orporation has liability for	or Intanoible		
24	25		29		30	•	I	Statutes	Yes [
	9. Name and Addre			ent		. 1	10. Name	and Address of New	Registered	i Agent	
					8	11 Name	GESSEL	II. ANNE	YTE		
	ATO, LOIS				8		Address (P.O. Box	Number is Not Accept	able)	***	<u> </u>
5175 MIL					8		3164 TA	ED BURH PI	9 R K		
SPRING	HILL FL 34608				*	"					
											Code
					8	4 City	CORING	$H_{i+\ell}$	FI	1	
11. Pursuant t	to the provisions of Section	ons 617.0502 and	d 617.1508. F	ilorida Statute	s the above	a-named co	SPRING orporation submits	this statement for the r	Figurpose of cl	hanging Its re	#606 egistered office
11. Pursuant t	to the provisions of Sections agent, or both, in the	ons 617.0502 and State of Florida. State of Section (d 617.1508, Fl Such change v	lorida Statute was authorize	s the above	a-named co	progration submits	this statement for the r	ourpose of cl	hanging Its re	eaistered office
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cently that the minormation indicated or this annual report or supplied mental annual report is due 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linch one Delegater Signature and Property of Signature and Property of Signature of

4/23/96 Cete