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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90202 005 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000084045**

1. Corporation Name  
**SPINDRIFT MOTEL, INC.**



Principal Place of Business  
**2501 NORTH OCEAN BLVD.  
 FT. LAUDERDALE FL 33305**

Mailing Address  
**2501 NORTH OCEAN BLVD.  
 FT. LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/08/1993**

4. FEI Number  
**65-0459662**

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

22 City & State

27 City & State

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

23 Zip County

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUGAR, EDMOND L  
 950 SOUTH FEDERAL HWY.  
 HOLLYWOOD FL 33020**

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 607.0502 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 the 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 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
 NAME **NEFF, GARY**  
 STREET ADDRESS **% 2501 NORTH OCEAN BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **D**  
 NAME **NEFF, MASI**  
 STREET ADDRESS **% 2501 NORTH OCEAN BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  
 NAME **HAUGER, MARY**  
 STREET ADDRESS **% 2501 NORTH OCEAN BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  
 NAME **HAUGER, PHILIP**  
 STREET ADDRESS **6820 N.W. 81ST PLACE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Philip D. Hauger **PHILIP D. HAUGER** 4/24/99 954-566-9866  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)