

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90130 008 \*\*\*158.75

DOCUMENT #

1. Corporation Name

P97000027830 (3)

TRISTAR LODGING, Inc.

Principal Place of Business

Mailing Address

5353 Conroy Rd.  
Suite 200  
Orlando, FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 5353 Conroy Rd.

26 5353 Conroy Rd.

59-3439981

Not Applicable

22 Suite, Apt. #, etc.  
Suite 200

27 Suite, Apt. #, etc.  
Suite 200

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

23 City & State  
Orlando, FL

28 City & State  
Orlando, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country  
32811 USA

29 Zip Country  
32811 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Anil Valbh  
5353 Conroy Rd.  
Suite 200  
Orlando, FL 32811

81 Name

Anil Valbh

82 Street Address (P.O. Box Number is Not Acceptable)

5353 Conroy Rd.

83 Suite 200

84 City

Orlando, FL

FL

85 Zip Code  
32811

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, Sections 607.0502, 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/23/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSDV ☐ DELETE  
NAME Anil Valbh  
STREET ADDRESS 5353 Conroy Rd. Suite 200  
CITY-ST-ZIP Orlando, FL 32811

1.1 TITLE PSDV ☒ Change ☐ Addition  
1.2 NAME Anil Valbh  
1.3 STREET ADDRESS 5353 Conroy Rd. Suite 200  
1.4 CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1999 (407) 841-8855

Date

Daytime Phone #

CR2E034 (11/98)