

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000106415 (7)**  
1. Corporation Name  
**THE CARPER HOSPITALITY GROUP, INC.**



Principal Place of Business <b>116 FOX RIDGE RUN LONGWOOD FL 32750</b>	Mailing Address <b>116 FOX RIDGE RUN LONGWOOD FL 32750</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/22/1997</b>	
21 Suite, Apt. #, etc.	22 City & State	25 Country	26 Suite, Apt. #, etc.	27 City & State	28 Zip
29 Country	30 Country	4. FEI Number <b>59-3482998</b>			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**9. Name and Address of Current Registered Agent**  
CARPER, GEORGE B  
116 FOX RIDGE RUN  
LONGWOOD FL 32750

**10. Name and Address of New Registered Agent**  
81 Name **Kellie J. Carper**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**116 FOXRIDGE RUN**  
83  
84 City **LONGWOOD** FL 85 Zip Code **32750**

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]* **Kellie Carper** President, COO **4/15/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPER, GEORGE B</b>	1.2 NAME	
STREET ADDRESS	<b>116 FOX RIDGE RUN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPER, KELLIE J</b>	2.2 NAME	
STREET ADDRESS	<b>116 FOX RIDGE RUN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPRER, PAMELA B</b>	3.2 NAME	
STREET ADDRESS	<b>116 FOXRIDGE RUN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPRER, STACY</b>	4.2 NAME	
STREET ADDRESS	<b>116 FOXRIDGE RUN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPRER, CHAD</b>	5.2 NAME	
STREET ADDRESS	<b>116 FOXRIDGE RUN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPRER, STACY</b>	6.2 NAME	
STREET ADDRESS	<b>116 FOXRIDGE RUN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	6.4 CITY-ST-ZIP	

*Duplicate*

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.

CR2E034 (10/97)