


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90092 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106415
 1. Corporation Name
THE CARPER HOSPITALITY GROUP, INC.



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

2. Principal Place of Business 21 1155 Greenstone Blvd. Suite, Apt. #, etc. #203 City & State Heathrow, FL Zip 32746	2a. Mailing Address 28 1155 Greenstone Blvd. Suite, Apt. #, etc. #203 City & State Heathrow, FL Zip 32746
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3. Date Incorporated or Qualified 12/22/1997	4. FEI Number 59-3482998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 CARPER, KELLIE J
 116 FOX RIDGE RUN
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent
 81 Name **GEORGE CARPER**
 82 Street Address (P.O. Box Number is Not Acceptable)
~~3221 PLUM LAKE DR~~
 83 1155 Greenstone Blvd. #203
 84 City **HEATHROW FL** 85 Zip Code **32746**

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: *George B. Carper* DATE: *5/11/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: CARPER, GEORGE B	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CARPER, GEORGE B
STREET ADDRESS: 116 FOX RIDGE RUN	CITY-ST-ZIP: LONGWOOD FL 32750	1.3 STREET ADDRESS: 1155 Greenstone BLVD.	1.4 CITY-ST-ZIP: Heathrow, FL 32746
TITLE: D <input type="checkbox"/> DELETE	NAME: CARPER, KELLIE J	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CARPER, KELLIE J
STREET ADDRESS: 116 FOX RIDGE RUN	CITY-ST-ZIP: LONGWOOD FL 32750	2.3 STREET ADDRESS: 3221 PLUM LAKE DR	2.4 CITY-ST-ZIP: SAYNER, WI 54560
TITLE: D <input type="checkbox"/> DELETE	NAME: CAPRER, PAMELA B	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CARPER, PAMELA B.
STREET ADDRESS: 116 FOXRIDGE RUN	CITY-ST-ZIP: LONGWOOD FL 32750	3.3 STREET ADDRESS: 1155 Greenstone BLVD.	3.4 CITY-ST-ZIP: Heathrow, FL 32746
TITLE: D <input type="checkbox"/> DELETE	NAME: CAPRER, STACY	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CARPER, STACY
STREET ADDRESS: 116 FOXRIDGE RUN	CITY-ST-ZIP: LONGWOOD FL 32750	4.3 STREET ADDRESS: 3221 PLUM LAKE DR.	4.4 CITY-ST-ZIP: SAYNER, WI 54560
TITLE: D <input type="checkbox"/> DELETE	NAME: CAPRER, CHAD	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CARPER, CHAD
STREET ADDRESS: 116 FOXRIDGE RUN	CITY-ST-ZIP: LONGWOOD FL 32750	5.3 STREET ADDRESS: 3221 PLUM LAKE DR	5.4 CITY-ST-ZIP: SAYNER, WI 54560
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		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: *K. Carper* NATUKellie Carper - President Date: *4/26/99* (715) 542-4504

CR2E034 (11/98)