FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **014507** **(8)**

1. Corporation Name

VINOY PARK HOTEL COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% TUCKER MOORE 16700 GULF BLVD. REDINGTON BEACH FL 33708	C/O VLADEM, LERMAN, SWEENEY & COMPANY 5214 OLD ORCHARD RD STE 525 SKOKIE IL 60077 US

3. Date Incorporated or Qualified: **11/06/1924**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **59-0494960** ☐ Applied For ☐ Not Applicable

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

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

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, TUCKER
16700 GULF BLVD.
REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MOORE, C. TUCKER	12 NAME		
STREET ADDRESS	16700 GULF BV	13 STREET ADDRESS		
CITY ST ZIP	N REDINGTON BCH, LF	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	MCNIEL, MARTIN	22 NAME		
STREET ADDRESS	BOX 481	23 STREET ADDRESS		
CITY ST ZIP	JAFFREY NH	24 CITY ST ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MCMIEL, MARTIN	32 NAME		
STREET ADDRESS	BOX 481 N/A	33 STREET ADDRESS	BOX 481	
CITY ST ZIP	JAFFREY NE	34 CITY ST ZIP	JAFFREY, NH	
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	MOORE, MELISSA	42 NAME		
STREET ADDRESS	16700 GULF BV	43 STREET ADDRESS		
CITY ST ZIP	N REDINGTON BCH FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		SCC 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily tendered and 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.

SIGNATURE: X Tucker Moore President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/24/95
Date

0467848 FP