

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **201206** (0)
1. Corporation Name
GILL HOTELS COMPANY

Principal Place of Business 1140 SEABREEZE BOULEVARD (P.O. BOX 21277) FT. LAUDERDALE FL 33335	Mailing Address 1140 SEABREEZE BOULEVARD (P.O. BOX 21277) FT. LAUDERDALE FL 33335
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1957

4. FEI Number 59-0799980	Applied For ☐ Not Applicable
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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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONARD, W. F.
LEONARD & MORRISON
4875 N FEDERAL HWY 10 FLOOR
FORT LAUDERDALE FL 33308**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	☐ DELETE
NAME	D GILL, GEO. W., III
STREET ADDRESS	1140 SEABREEZE BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	☐ DELETE
NAME	PDV GILL, G. W., JR.
STREET ADDRESS	1140 SEABREEZE BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	☐ DELETE
NAME	DT LEONARD, W. F.
STREET ADDRESS	2810 E. OAKLAND PK BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	☐ DELETE
NAME	D GILL, LINDA L.
STREET ADDRESS	1140 SEABREEZE BV
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
NAME	S Grosfield, Karen W.
1.3 STREET ADDRESS	1140 Seabreeze Blvd.
1.4 CITY-ST-ZIP	Fort Lauderdale, FL
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE: *Geoff Gill Jr.* Feb. 19, 1998 (954) 525-3451

CP2E034 (10/97)