FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

100001522191
-06/23/95--01077--002
****200.00 ****200.00

DOCUMENT # **011772** **(1)**

1. Corporation Name
SORENO HOTEL COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101-6379	9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101-6379

3. Date Incorporated or Qualified: **12/22/1922**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: 74101-1379
Country — 25:
Zip — 29: 74101-1379
Country — 30:

4. FEI Number: **59-0454770** ☐ 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. This 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.
N 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 mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	PST	☒ Change ☐ Addition
NAME	MOORE, C. T.	12 NAME	MOORE, C. T.	
STREET ADDRESS	16700 GULF BLVD	13 STREET ADDRESS	16700 GULF BLVD.	
CITY ST ZIP	N. REDINGTON BEACH FL	14 CITY ST ZIP	N. REDINGTON BEACH, FL 33708	
TITLE	STD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CARTWRIGHT, MARY K.	22 NAME	CARTWRIGHT, MARY K.	
STREET ADDRESS	5309 E PALOMINO RD	23 STREET ADDRESS	5309 E PALOMINO RD	
CITY ST ZIP	PHOENIX AZ	24 CITY ST ZIP	PHOENIX, AZ 85018	
TITLE	STD	31 TITLE	VD	☒ Change ☐ Addition
NAME	MOORE, MELLISSA A.	32 NAME	MOORE, MELISSA A.	
STREET ADDRESS	16700 GULF BLVD	33 STREET ADDRESS	16700 GULF BLVD	
CITY ST ZIP	N. REDINGTON BEACH FL	34 CITY ST ZIP	N. REDINGTON FL, 33708	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	B. A. A. MOHR	
STREET ADDRESS		43 STREET ADDRESS	P.O. BOX 1724 N/A	
CITY ST ZIP		44 CITY ST ZIP	ST. PETERSBURG, FL 33731	
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		

RESIGNED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: C. T. Moore 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0302402 CP

011772

EMMONS & HARTOG, P.C.
Certified Public Accountants

SOZEND HOTEL COMPANY

FEIN 59-0454770

A STATEMENT ATTACHED TO AND MADE PART OF

FORM CR2E034

The foregoing was prepared by the undersigned or under his direction. The facts stated therein were obtained from the taxpayer's records and other sources considered to be reliable and are believed to be true and correct, although the preparer does not know such facts of his own knowledge.

Date: 2/16/95

Dorothy D. Carson

Representative of:
Emmons & Hartog, P.C.
5310 East 31 Street
Suite 400
Tulsa, Oklahoma 74135-5027
Fed. ID #73-1432751

Social Security Number 449-39-1625