

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # 011772

(1)

1. Corporation Name

SORENO HOTEL COMPANY

Principal Place of Business

9 WEST 9TH STREET
P. O. BOX 1379
TULSA OK 74101-1379

Mailing Address

9 WEST 9TH STREET
P. O. BOX 1379
TULSA OK 74101-1379



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

3. Date Incorporated or Qualified

12/22/1992

3a. Date of Last Report

05/01/1996

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)

173 Bath Club Boulevard North

83

84 City

North Redington Beach

FL

85 Zip Code

33738

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 NAME ☐ DELETE

NAME PST
STREET ADDRESS MOORE, C T
CITY-ST-ZIP 16700 GULF BLVD
N REDINGTON BEACH FL 33708

TITLE NAME ☐ DELETE

NAME VD
STREET ADDRESS CARTWRIGHT, MARY K
CITY-ST-ZIP 5309 E PALOMINO RD
PHOENIX AZ 85018

TITLE NAME ☐ DELETE

NAME VD
STREET ADDRESS MOORE, MELISSA A
CITY-ST-ZIP 16700 GULF BLVD
N REDINGTON FL 33708

TITLE NAME ☐ DELETE

NAME V
STREET ADDRESS MOHR, B A
CITY-ST-ZIP P.O. BOX 1724 N/A
ST. PETERSBURG FL 33731

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 173 Bath Club Boulevard North
1.4 CITY-ST-ZIP North Redington Beach, FL 33738

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 173 Bath Club Boulevard North

3.4 CITY-ST-ZIP North Redington Beach, FL 33738

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 99 Tudor Place

4.4 CITY-ST-ZIP Kenilworth, FL 60043

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 do 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:

[Signature] 4/22/97

CR2E034 (9/96)