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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE JENNIFER B. MATHIAS Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 014507 (8)			
1. Corporation Name VINOY PARK HOTEL COMPANY			
Principal Place of Business % TUCKER MOORE 16700 GULF BLVD. REDINGTON BEACH FL 33708		Mailing Address C/O VLADEM LERMAN, SWEENEY & COMPANY 5214 OLD ORCHARD RD STE 525 SKOKIE IL 60077 US	
2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 City 24 Country		2a. Mailing Address 26 Suite, Apt. # etc. 27 City & State 28 City 29 Country	
3. Date Incorporated or Qualified 11/06/1924		3a. Date of Last Report 04/26/1994	
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 USF, 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 85 Zip Code FL	
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 the corporation. (NOTE: Registered Agent signature required when reappointing.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MOORE, C. TUCKER 16700 GULF BV N REDINGTON BCH, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP MCNIEL, MARTIN BOX 481 JAFFREY NH	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MCNIEL, MARTIN BOX 481 N/A JAFFREY NE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☒ Change ☐ Addition BOX 481 JAFFREY, NH
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD MOORE, MELISSA 16700 GULF BV N REDINGTON BCH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition
14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		<i>X 4/24/95</i> Typed Name	

SCC5-1-95