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PROFIT CORPORATION ANNUAL REPORT

1996

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

4-24-96 B-4355 C

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

1. Corporation Name

VINOY PARK HOTEL COMPANY

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: **05/01/1995**

2. Principal Place of Business
21: 16400 GULF BOULEVARD
22: Suite, Apt. #, etc.:
23: City & State: N. REDINGTON BEACH
24: Zip:
25: Country:

2a. Mailing Address
26: 5215 OLD ORCHARD ROAD
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

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. 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.
REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 16400 GULF BOULEVARD
83:
84 City: N. REDINGTON BEACH **FL** 85 Zip Code: 33708

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: X (Signature, typed or printed name of individual agent or title of officer, if applicable) (NOTE: Registered Agent's signature required for reinstatement filing) DATE: X

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, LF	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 16400 GULF BOULEVARD N. REDINGTON BEACH, FL 33708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCNIEL, MARTIN BOX 481 JAFFREY NH	☐ DELETE	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 MCMIEL, MARTIN BOX 481 N/A JAFFREY NH	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOORE, MELISSA 16700 GULF BV N REDINGTON BCH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 16400 GULF BOULEVARD N. REDINGTON BEACH, FL 33708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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, added or deleted.

SIGNATURE: X ROBERT J. VLADEM, CPA CPA X 2/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X C. TUCKER MOORE X 2/4/96