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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 163246

(2)

1. Corporation Name

DENNIS HOTEL, INCORPORATED

Principal Place of Business

% FORD AND SYDNOR
1005 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-2178
US

Mailing Address

% FORD AND SYDNOR
1005 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-2117
US

3. Date Incorporated or Qualified
10/27/1950

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

21 c/o FORD AND SYDNOR

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 c/o FORD AND SYDNOR

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
59-0619743

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

NELSON, THEODORE R
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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

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 PD ☐ DELETE

NAME SMITH, MARY ELLEN
STREET ADDRESS 2300 N STRATFORD DR
CITY-ST-ZIP OWENSBORO KY

TITLE VD ☐ DELETE

NAME HAWLEY, BETTY
STREET ADDRESS 150 N BETHLM PIKE C-301
CITY-ST-ZIP AMBLER PA

TITLE ASD ☒ DELETE

NAME FORD, WILLIAM ANDREW
STREET ADDRESS 1005 KANE CONCOURSE
CITY-ST-ZIP BAY HBR ISLAND FL

TITLE STD ☐ DELETE

NAME CAHILL, JOAN
STREET ADDRESS 8478 TOMMY DR
CITY-ST-ZIP SAN DIEGO, CA 00000

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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

Mary Ellen Smith, President

4-9-97

(305) 868-1333

CR2E034 (9/96)