

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 179565

(7)

1. Corporation Name

CLAUGHTON HOTELS INC

Principal Place of Business

Mailing Address

**777 BRICKELL AVENUE, SUITE 1130
MIAMI FL 33131**

**777 BRICKELL AVENUE, SUITE 1130
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1954

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-0722962

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**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAUGHTON, EDWARD N
777 BRICKELL AVENUE
MIAMI FL 33131**

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, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	SNEDIGAR, JACQUELINE E.
STREET ADDRESS	777 BRICKELL AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	TD
NAME	ALGER, STEVE
STREET ADDRESS	777 BRICKELL AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	VD
NAME	CLAUGHTON, LOIS H
STREET ADDRESS	777 BRICKELL AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	VD
NAME	SCHMIDT, SUZANNE C.
STREET ADDRESS	777 BRICKELL AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	PD
NAME	CLAUGHTON, EDWARD N
STREET ADDRESS	777 BRICKELL AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	VD
NAME	SCHMIDT, ROBERT W.
STREET ADDRESS	777 BRICKELL AVENUE
CITY- ST- ZIP	MIAMI FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 for an appointment with an address.

SIGNATURE:

Edward N. Cloughton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95
Date

**305
374-2163**
Daytime Phone #