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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 196743

(9)

DIPLOMAT HOTEL, INC.

**FILED** 

Apr 24 1998 8:00am

Secretary of State

Principal Place of Business

3725 8 OCEAN DR #718 HOLLYWOOD FL 33024

3725 8 OCEAN DR #718 HOLLYWOOD FL 33024

Mailing Address

DO NOT WRITE IN THIS SPACE

	3. Date Incorporated or Qualified 10/12/1956
2. Principal Place of Business 2a. Mailir	ess 4. FEI Number Applied For
26	<b>59-0991115</b> Not Applicable
Suite, Apt. #, etc. Suite, 27	etc.  6. Certificate of Status Desired  \$8.75 Additional Fee Required
City & State City & 28	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip 24 25 29	Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered	10. Name and Address of New Registered Agent
COWAN, IRVING	81 Name
3725 S. OCEAN DR. #718	82 Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33019	83
	84 City FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607,0502 and 607,150 office or registered agent, or both, in the State of Florida Suc agent. I am familiar with, and accept the obligations of, Secti</li> </ol>	a Statutes, the above-named corporation submits this statement for the purpose of changing its registered go was authorized by the corporation's board of directors. I hereby accept the appointment as registered SECS Elected Statutes.

SIGNATURE Signature, typed or precient name of registered against and tritle of applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		S IN 12		
TITLE	PO DELETE	1.1 TITLE		Change	Addition		
NAME	COWAN, IRVING	1 2 NAME					
STREET ADDRESS	3725 S. OCEAN DR., #718	1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP					
TITLE	DELETE	2 1 TITLE		☐ Change	Addition		
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2. 4 CITY - ST - ZIP					
TITLE	DELETE	3.1 TITLE		☐ Change	Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY - ST - ZIP					
TITLE	DELETE	4.1 TITLE	·	☐ Change	Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY - ST - ZIP					
TITLE	DELETE	5.1 TITLE		☐ Change	Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE		☐ Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
I		= .					

14. I hereby certify that the information supplied with this filling of indicated on this annual report or superimental annual report officer or director of the corporation or the reculer or trustee Block 12 or Block 13 if changed, or on an attenment with for not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: