

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

APPROVED  
AND  
FILED

1998 MAR 25 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |             |  |
|--|-------------|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> | <b>98AR</b> | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|-------------|--|

DOCUMENT # **202255**

1. Corporation Name

RUTTGER HOTEL CORP

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

05/07/1967

3a. Date of Last Report

02/12/1997

2. Principal Place of Business

2a. Mailing Address

21 5100 N. OCEAN BLVD

26 5100 N. OCEAN BLVD

4. FEI Number

59-0878108

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #1016

Suite, Apt. #, etc.

27 #1016

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 FT LAUDERDALE, FL

28 FT LAUDERDALE, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

City & State

24 33308

Country

25

City & State

29 33308

Country

30

8. 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

MRS. SARA MEYERS

5100 NORTH OCEAN BLVD # 1016

FT. LAUDERDALE, FL 33308

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SAM SELIGMAN  
5100 NORTH OCEAN BLVD # 1016  
FT LAUDERDALE, FL 33308

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
SARA MEYER  
5100 NORTH OCEAN BLVD #1016  
FT. LAUDERDALE, FL 33308

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

300002474158  
-03/31/98--01106--003  
\*\*\*\*165.00 \*\*\*\*165.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ 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

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SARA S. MEYER

*Sara S Meyer*

3/13/98

954 785 8559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #