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

PROFIT CORPORATION ANNUAL REPORT



PAUL NOVAK

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

860-549-4900

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 248254 1. Corporation Name

(5)

HIGH NOON APARTMENT MOTELS, INC.

Principal Place	e of Business	Mailing Address				t tambem armie mamar amain amain misse mamai mimbe mamai mamai mamai mamai mamir mamir bami			
4424 EL MAR DRIVE Lauderdale-by-the-sea Lauderdale by the sea Fl 33308			4424 EL MAR DRIVE Lauderdale-by-the-sea Lauderdale by the sea FL 33308-3806						
						3. Date Incorporated or Qualified 06/08/1961	3a. Date of Last 02/08/1996		
	lace of Business	28. Mailing Address	├ ¬			4. FEI Number F0_000400	k d	Applied For	
21	4	~~~~	26			59-0393439		Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	h1			5. Certificate of Status Desired	1 1 7 7	Additional Required	
City & State	e	City & State	łη			6. Election Campaign Financing		0 May Be	
23 Zip				Country		Trust Fund Contribution		d to Fees	
24	25	29	30	н у		8. This corporation has liability for in Florida Statutes	intangible tax under] Yes 🏻 No	s. 199.032,	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
NO	VAK,PAUL			81	Name	10, italio dita sadivad di rigis (la	Bistorou Agent		
4416 EL MAR DRIVE									
LAUDERDALE BY SEA FL 33308			[82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
			['	83					
			Ī	84	City		FL 85 Zi	p Code	
11 Pursuant	to the provisions of Sections 607.09	502 and 607 1508. Florida Stati	les the ah	OVE	a-named cov	rnoration submits this statement for the n		its registered	
office or r agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was igations of, Section 607,0505, F	authorized lorida Statu	by	the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptation's	of the appointment a	as registered	
SIGNATURE	Clearly as tard to pulphylanous of mainten A	(NO	Ti Demotrad	Aco		uired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent as distilled applicable. (NOTE: OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		JRS IN 12	
TITLE	PD	DELETE	1,1 7171			ABBITIONS/OTIANGES TO OTTIC	Change		
NAME	NOVAK,PAUL		1.2 NAM					, , , , , , , , , , , , , , , , , , ,	
\$1REET ADDRESS	191 SHERWOOD DR.			1.3 STREET ADDRESS					
CITY - ST - ZIP	GLASTONBURY CT		1.4 CITY - ST- ZIP						
TITLE	D DELETE NOVAK, BRUCE			2.1 TITLE 2.2 NAME		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			2.2 NAM						
STREET ADDRESS	191 SHERWOOD DR.		2.3 STR	2.3 STREET ADDRESS					
CITY - ST - 21P			2. 4 CIT	2. 4 CITY-ST-ZIP		*			
TITLE	<u> इति</u>	DELETE	3.1 TITL	LE			Change	Addition	
NAME				3.2 NAME					
STREET ADORESS	191 SHERWOOD DR.		3.3 STR	3.3 STREET ADDRESS		•			
CITY - ST - ZIP	GLASTONBURY CT		3.4 CIT	3.4 CITY-ST-ZIP					
TITLE	D DOMAN DOMAN	☐ DELETE	4.1 TITI	LE	.		Change	Addition	
NAME	NOVAK, BRIAN		4. 2 NA						
STREET ADDRESS	191 SHERWOOD DR.		4.3 STREE		ADDRESS				
CITY - ST - ZIP	GLASTONBURY CT	DD: FZE	4.4 CITY		<u>r-21P</u>		——————————————————————————————————————	4 + 154	
TITLE	NOVAK, JENNIFER	L DELETE	5.1 TITLE				L Change	e 🔲 Addition	
NAME		404 CHEMILOOD DONE		5.2 NAME					
STREET ADDRESS	OLACTOMPLIDY OT			5.3 STREET ADDRESS					
CITY - ST - ZIP TITLE		☐ DELETE	5.4 CIT		1 - AP		Change	Addition	
NAME		[] breeze	6.1 TITLE 6.2 NAME				L. Change	, LI VOUIDUI	
				6.3 STREET ADDRESS					
STREET ADDRESS			6.3 STRE						
City-St-ZiP 14. I do heret	by certify that the information suppl	ied with this filing does not gua				ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the	
informatio	on indicated on this annual report of	r supplemental annual report is or the receiver or rustee embo	true and ac	ccu	rrate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as if made i	inder oath: that	