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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 327901

WINWOOD MOTOR LODGE INC

Principal Place of Business

Mailing Address

EAR CONTURACT 10 STREET

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90011 032 ***150.00



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					3. Date Incorporated or Qualifed		
					03/25/1968		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u>, , , , , , , , , , , , , , , , , , , </u>	plied For t Applicable
		26			59-1233489	No	t Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 A	Additional
	#, etc.	27			5. Certifcate of Status Desired	Fee Re	quired
22		City & State			6. Election Campaign Financing	\$5.00	May Be
City & State	e	⊢ '			Trust Fund Contribution	Added t	
23		Zip	Count	nv	8. This corporation owes the current year	Intangible	
Zip	Country	_ 	30	•	Personal Property Tax.		
24	25		30]		10. Name and Address of New Register	ed Agent	
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of the Hogistes		
	DUOM IOOFDU		ľ	Name			
	RUGIA, JOSEPH		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
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			18	4 City	F		,
	- F C - A CO7 05	02 and 607 1609 Florida Statute	s the abo	ve-named corr	poration submits this statement for the purpose	of changing its	registered
					ion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statuti	es.			
SIGNATURE					DATE		·
SIGIL TO THE	Signature, typed or printed name of registered ag	,		gent signature requir	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERO	Change	Addition
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14. I 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: