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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	541391
1 Corporation Name	011001

HOTEL REALTY CORP.

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FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90091 005 ***150.00



							<u>-</u>			
Principal Place of Business Mailing Address										
5001 N.W. 36TH			/. 36TH STREET							
MIAMI SPG FL 33166-3003		MIAMI SI	MIAMI SPG FL 33166-3003				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
·							07/20/1977			Į
2. Principal Pl	ace of Business	2a. Maili	2a. Mailing Address				4. FEI Number	Ap	plied For	ĺ
21		26	⊢ •				65-0004372	No	t Applicable	
Suite, Apt.	#, etc		Suite, Apt. #, etc				\$8.75-Additional			
22		27	27				5. Certificate of Status Desired	Fee Re	quired	ĺ
City & State	B	City	City & State				6. Election Campaign Financing	\$5.00	May Be	ĺ
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country			8. This corporation owes the current year Interest.			ĺ
24	25	29	30				Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered	Agent		04	N	10. Name and Address of New Registered Agent			
CDE	AUTHED CHADLES C				81	Name				
	NTNER, CHARLES G.				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
5001 NW 36 ST										
MIAN	All SPG FL 33166				83					
					84	City		85 Zip (Code	ļ
							FL			
office or reagent. I a	egistered agent or both; in the State m familiar with, and accept the oblig	of Florida. Su ations of, Secti	on 607.0505, FIOR	ia Statt	nes.		oration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	ntment as re	gistered 	
	Signature, typed or printed name of registered ag			<u> </u>	Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DS IN 12	Ιĝ
12.		ND DIRECTOR					ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition	11/08
TITLE	PD CHARLES O		□ occeie	1.1 TII						1 7
NAME	GRENTNER, CHARLES G.			1.2 NA						E034
STREET ADDRESS	831 S ATLANTIC AVE					ADDRESS				5
CITY-ST-ZIP	COCOA BCH FL		DELETE	1.4 CITY 2.1 TITL		-ZIP		T Change	Addition	5
TITLE				2.1 MAM					_	l
NAME						ADDRESS				Ì
STREET ADDRESS										
CITY-ST-ZIP			DELETE	3.1 Til	TY-ST	-212		Change	Addition	1
TITLE		-		3.2 N		سعبه اجمعت		المتحقق المتحق		-
NAME OTREET ADORESS						ADDRESS				Į
STREET ADDRESS					TY-ST					ļ
CITY-ST-ZIP TITLE		****	DELETE	4.1 TI		-211-		Change	☐ Addition	1
NAME				4. 2 N						
STREET ADDRESS						ADDRESS				
					TY-ST	1				
CITY-ST-ZIP			☐ DELETE	5.1 TIT		- 615		Change	Addition	1
NAME				5.2 NA						
STREET ADDRESS				5.3 ST	REET	ADORESS .				
	•				TY-ST	1				
CITY-ST-ZIP TITLE			DELETE	6.1 TT				Change	Addition	1
NAME	1			6.2 NA	ME					
						ADORESS				[
STREET ADDRESS					TV 61	1				١.

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 changes by on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

705 885-39/

Daytime Phone