

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 606812 (6)  
1. Corporation Name  
HOSPITALITY HOSTESS, INC.

Principal Place of Business 4122 NW 68TH DR P.O. BOX 13182 GAINESVILLE FL 32606 US	Mailing Address HOSPITALITY HOSTESS, INC. P.O. BOX 13182 GAINESVILLE FL 32604 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4131 NW 59th Terr. Suite, Apt. #, etc. 22 City & State 23 Gainesville, FL 24 Zip 32606 25 Country US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 01/16/1979	4. FEI Number 59-1878890 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent CONNELL, SHARON 4122 NW 68TH DR GAINESVILLE FL 32606				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4131 NW 59th Terr. 83 84 City Gainesville FL 85 Zip Code 32606			
---	--	--	--	--	--	--	--

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	PD	NAME	CONNELL, SHARON	1.1 TITLE		1.2 NAME	
STREET ADDRESS	4122 NW 68TH DR			1.3 STREET ADDRESS	4131 NW 59th Terr.		
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE	VD	NAME	OLSON, ALLEN	2.1 TITLE	VD	2.2 NAME	Vickie Sledge
STREET ADDRESS	4122 NW 68TH DR			2.3 STREET ADDRESS	4131 NW 59th Terr.		
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: Sharon Connell 4/6/98 (352)337-0022

CR2E034 (10/97)