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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 635448 (4)

1. Corporation Name

SILVER SPRAY MOTEL, INC.

Principal Place of Business

2115 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address

2115 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GRENIER, DENISE
2115 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, being a resident of the State of Florida, 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)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VD
GRENIER, ELIZABETH
STREET ADDRESS
2115 N. OCEAN DR.
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
SOP
GRENIER, GILLES
STREET ADDRESS
2115 N. OCEAN DR.
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
TD
GRENIER, DENISE
STREET ADDRESS
2115 N. OCEAN DR.
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished or certified 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 employed 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:

Denise Grenier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (954) 922-3157
Date Daytime Phone #

3. Date Incorporated or Qualified

09/01/1979

3a. Date of Last Report

04/24/1995

4. FEI Number

59-1936326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL

85

Zip Code

I, the undersigned, being a resident of the State of Florida, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and I hereby certify that the information supplied with this filing is voluntarily furnished or certified 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 employed 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.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

☐ Change ☐ Addition

1. Name

2. Street Address

3. City

4. State

5. Zip

6. Title

7. Street Address

8. City

9. State

10. Zip

11. Title

12. Street Address

13. City

14. State

15. Zip

16. Title

17. Street Address

18. City

19. State

20. Zip

21. Title

22. Street Address

23. City

24. State

25. Zip

26. Title

27. Street Address

28. City

29. State

30. Zip

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