

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

FILED  
Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90012 014 \*\*\*150.00

DOCUMENT # 823402 (3)

1. Corporation Name

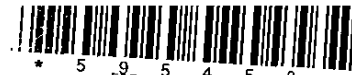
HARLEY HOTELS, INC.  
1999

Principal Place of Business

17000 Bagley Rd.  
P.O. Box 818020  
Cleveland, OH 44181-8020

Mailing Address

230 Park Avenue  
Suite 659  
New York, NY 10169



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/69

4. FEI Number

34-0929242

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. Pine Island Road  
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE Vice President ☐ DELETE  
NAME Abe Wolf  
STREET ADDRESS 230 Park Ave.  
CITY-ST-ZIP New York, NY 10169

TITLE Treasurer ☐ DELETE  
NAME Abe Wolf  
STREET ADDRESS 230 Park Ave.  
CITY-ST-ZIP New York, NY 10169

TITLE Secretary ☒ DELETE  
NAME Donald W. Hesselburg  
STREET ADDRESS 230 Park Ave.  
CITY-ST-ZIP New York, NY 10169

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition  
1.2 NAME Amelia Marr  
1.3 STREET ADDRESS 230 Park Avenue  
1.4 CITY-ST-ZIP New York, NY 10169

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: Abe Wolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99

Date

(212) 679-3600

Daytime Phone #

CR2E034 (11/98)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

595958-90012-44

823402

Form with  
correct fee  
attached.

July 7, 1999

HARLEY HOTELS, INC.  
230 PARK AVENUE  
SUITE 659  
NEW YORK, NY 10169

SUBJECT: HARLEY HOTELS, INC.  
Ref. Number: 823402

Please be advised, we have received your annual report for the above corporation and your check(s) totaling \$15.00; however, the report **has not been filed** and a copy is being returned for the following:

The fee to file the enclosed annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel  
Document Specialist

Letter Number: 099A00035208