**FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name F16635 (7) SOUTHERN HOSPITALITY SERVICES, INC. Principal Place of Business Mailing Address 11731 EAST COLONIAL DR 11731 EAST COLONIAL DR ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1981 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 59-2064278 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHEN. HSI-CHING 2537 BAYFRONT PARKWAY Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 83 32806 84 City 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) (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE CR2E034 NAME CHEN, CHAO-HUI LIN 1.2 NAME STREET ADDRESS 11731 E COLONIAL DR 1.3 STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP PDV TITLE 2.1 TITLE DELETE Change Addition CHEN, HSI-CHING NAME 2.2 NAME 11781 E COLONIAL DR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL 00000 CITY-ST-Z# 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition

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.

3.2 NAME

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SIGNATURE: Plan Plan Fill SECITIONS

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

NAME

CITY-ST-ZIF

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

6-30-98

407-273-1901

Change Addition

Change Addition

Change Addition