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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001254 (2)

FITTS LODGING SERVICES, INC.

Principal Place of Business Mailing Address							E BERGGER INTE TRIBLE THISI BONN BONN BONN BRUN BLANCK NING NING NING NING NING NING NING NIN			
P.O. BOX 8828 HONOLULU HI		16000 VENTURA BLVD. #1010 Encino ca 91436-2730 US								
						3. Date Incorporated or Qualified				
<u> </u>	Place of Business	2a. Mailing	Address				4. FEI Number			pplied For
21		26	·				94-3076481		N	ot Applicable
Suite, Apt.		27					5. Certificate of Status Desired Section Section 5. Section 1. Sec			
City & Stat	e	<u></u>	City & State				Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution			to Fees
Zip	, ` } 1		Zip Cour					has liability for intangible tax under s. 199.032,		s. 199.032,
24	9 Name and Address of Curre	29		30			L	Yes [
9. Name and Address of Current Registered Agent					LN	ame	10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM				81	'*	arric				
	SOUTH PINE ISLAND ROAD				2 Street Addre		ss (P.O. Box Number is Not Acceptab	le)		
1 .	NTATION FL 33324									
				83	']					
				84		ity		FL		Code
] Oπice or r	to the provisions of Sections 607.050 registered agent, or both, in the Stato am familiar with, and accept the oblig	of Florida, Such	change was at	ithorized b	v the	med corpo corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of it the appo	changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag						THE STATE OF THE S			
12.		ent and lifte if applicable	(NOTE	Hegislereo Ag	ent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FDC AND	DIDECTO	20 10 40
TITLE	PD		DELETE	1.3 TITLE		1	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	FITTS, JOHN I			1,2 NAME					Onlango	
STREET ADDRESS	9726 HENSAL ROAD			1.3 STREE	T ADDI	RESS				
CITY-ST-ZIP	BEVERLY HILLS CA 90201			1.4 CITY -		-				
TITLE	VST		DELETÉ	2.1 TITLE	21 -11				Change	Addition
NAME	FITTS, TONI			2.2 NAME						
STREET ADDRESS	9726 HENSAL ROAD			2.3 STREET	1 ADDE	BESS				
CITY-ST-ZIP	BEVERLY HILLS CA 90201			2.4 CITY-						
TITLE			DELETE	3.1 TITLE	J. E.				Change	Addition
NAME				32 NAME					•	_
STREET ADDRESS				3.3 STREE	i addi	RESS				
CITY-ST-ZIP				34. C(TY-	\$1-70	P				
TITLE		I	DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME					-	
STREET ADDRESS				4.3 STREET	i addf	RESS				
CITY-ST-ZIP				4.4 CITY - S	ST-ZIP	,				
TITLE			DELFTE	5.1 TITLE					Change	Addition
NAME				5.2 NAME					=	
STREET ADDRESS				5.3 STREET	I ADDE	₹ESS				
CITY-ST-ZIP				5.4 CHY - 5						
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME				-	•	
STREET ADDRESS				6.3 STREET	I ADDR	RESS				
CITY-ST-ZIP				6.4 CITY - 5						

I do hereby certify that the information supplied with this filling does not qualify to 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 the execute this report as required by Chapter 601. Florida Statutes; and that my name

FILED

Apr 30 1997 8:00am

Secretary of State

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