## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

F9400003830 (6) **DOCUMENT #** 

HSC HOSPITALITY, INC.

Principal Place of Business

Mailing Address

ADJECT NOTE DO HEAD

10455 NOTE DO 41430



	5240	DALLAS TX 75240					
					3. Date Incorporated or Qualified 07/21/1994	3a. Date of Last I 05/01/1	
2. Principal Plac		2a. Mailing Address		~ ·	4. FEI Number		Applied For
न 148∞	Quorum Drive	26 14800 QUO	rum	Drive	<b>75-2545118</b>		Not Applicable
Suite, Apt. #, 22 SWH	etc.	Suite, Apt. #, etc. 27 SWHC 180	)		5. Certificate of Status Desired	1	5 Additional Required
City & State  23 DA 10		City & State  28 DO 105 7	V		Election Campaign Financing     Trust Fund Contribution	1	O May Be ed to Fees
Zip	Country	Zip	Countr		8. This corporation has liability for i	intangible tax under :	s 199.032,
4 752L	10 25 USA	29 75240	30 U	SM		□ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	tegistered Agent	
			81	Name			
PRENTIC	E-HALL CORPORATION SYSTEM	A, INC.	82	Street Ac	idress (P.O. Box Number is Not Acceptab	ole)	
1201 HA	YS ST., #105		L				
TALLAHA	ASSEE FL 32301		83	1			
			84	City		FL 85 2	Zip Code
11. Pursuant to	the provisions of Sections 607.0502 a	ind 607.1508, Florida Statutes	, the above	named corp	poration submits this statement for the pur	roose of changing its	registered office
or registered familiar with	d agent, or both, in the State of Florida , and accept the obligations of, Sectio	i. Such change was authorized n 607,0505, Florida Statutes.	by the cor	poration's be	oard of directors. I hereby accept the appr	ointment as registere	ed agent. I am
	and addopt the deligations of been						
SIGNATURE	Ignature, typed or printed name of registered agent a	nd tille if applicable (NOTE	Registered Age	ant signature req	urad when reinstating"	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
	PD	DELETE					
TITLE	· <del>-</del>	[_] DELETE	1 1 TITLE				Addition
	CLAWSON, CHARLES D		1 2 NAME			<del></del>	E Addition
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certify that the information indicated on this annual report or suppliemental 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:

J. WILLIAM WENDELKEY, VICE PRESIDENT 3/14/96, 490/166