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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOADDOCARSD

- Corporation	SPITALITY, INC.	003630					
Principal Place of Business		Mailing Address		T 10041400 this intil billit dans dans ann sant s	TASAN ISINI (BIAN I	11411 6811 168 1	
14800 OUORUM DRIVE SUITE 180 DALLAS TX 75240		14800 OUORUM DRIVE SUITE 180 DALLAS TX 75240		DO NOT WRITE IN THIS SPACE			
บร		US			3. Date Incorporated or Qualifed 07/21/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26		⊢ •			75-2545118	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	dditional	
22		27		3. Certificate of Status Desired	Fee Red	quired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to		
Zip Country		Zip Country		8. This corporation owes the current year Int		□No	
24	25		30]		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name .	Hallio dita real soc of their languages		
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 TALLAHASSEE FL 32301			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		W
			83				
			L				
			84	City	FL	85 Zip C	
11. Pursuant office or reagent. I as	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes	•	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appointment when reinstation.	changing its intment as reg	registered jistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS APPLICATIONS	ND DIRECTO	RS IN 12
TITLE	PD DELETE		1,1 TITLE			Change	Addition
NAME	CLAWSON, CHARLES D		1,2 NAME				
STREET ADDRESS 14800 QUORUM DRIVE SUITE 180		80	1.3 STREET	ADORESS			
CITY-ST-ZIP	DALLAS TX		1.4 CITY-S	T-ZIP			
TITLE	DC DELETE		2.1 TITLE			Change	☐ Addition
NAME	GRACE, J P		2.2 NAME				
STREET ADDRESS	14800 QUORUM DRIVE SUITE	180	2.3 STREET	ADDRESS	<u>.</u> .		_
CITY-ST-ZIP	DALLAS TX		2. 4 CITY-S	T-ZIP			
TITLE	V	□ DELETE	3.1 TITLE	1		Change	Addition
NAME	Turner, C. Kenneth		3.2 NAME				
STREET ADDRESS	14800 QUORUM DRIVE SUITE	180	3.3 STREET	ADDRESS			
CITY-ST-ZIP	DALLAS TX		3.4. CITY-ST-ZIP				T Addition
TITLE	☐ DELETE		41 TITLE			Change	☐ Addition
NAME			4.2 NAME	1			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP	DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE		רין מבנבור	5.1 MAME	1		onango	
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-S	1			
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAME			_ ' '	
STREET ADORESS			6.3 STREET	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CTTY-ST-ZIP