

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003957 (7)

1. Corporation Name

NEW ORLEANS AIRPORT MOTEL ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1601 BELVEDERE RD. SUITE 501 SOUTH  
WEST PALM BEACH FL 33406

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WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified  
07/28/1994

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1935181

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMARIELLO, JOAN  
1601 BELVEDERE RD, SUITE 501 S.  
WEST PALM BEACH FL 33406

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.

13. Registered Agent Signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HAWTHORNE, DAVID E	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BUDEMMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KNIGHT, WARREN M	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUFFIN, ROBERT D	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALE, PHILLIP R	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PALMARIELLO, JOAN	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	P/CEO
2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	500001784245
3.4 CITY - ST - ZIP	-04/17/96--01071--020
4.1 TITLE	***200.00
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	T/AS
5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP HALE, TREASURER

4/15/96

407-689-9970

Date:

Telephone Phone #

CR2E034 (12/95)

4-17-96  
JH