

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 30 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/28/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81

Name

CT Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84

City

Plantation

FL

85

Zip Code

33324

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 607.1508, Florida Statutes.

SIGNATURE

Connie Bryan

SPECIAL ASSISTANT SECRETARY

4/30/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

BUDEMMEYER, DAVID
1601 BELVEDERE RD, SUITE 501 S.
WEST PALM BEACH FL 33406

TITLE NAME ☒ DELETE

KNIGHT, WARREN M
1601 BELVEDERE RD, SUITE 501 S.
WEST PALM BEACH FL 33406

TITLE NAME ☒ DELETE

RUFFIN, ROBERT D
1601 BELVEDERE RD, SUITE 501 S.
WEST PALM BEACH FL 33406

TITLE NAME ☐ DELETE

HALE, PHILLIP R
1601 BELVEDERE RD, SUITE 501 S.
WEST PALM BEACH FL 33406

TITLE NAME ☒ DELETE

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

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

V/S
Charles M. Diaz
1601 Belvedere Road, Suite 501S
West Palm Beach, FL 33406

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Charles M. Diaz, V.P. & Sec. 4/28/98 561/689-9970

CR2E034 (10/97)