

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000003957

1. Corporation Name

NEW ORLEANS AIRPORT MOTEL ENTERPRISES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite 3445 Peachtree Rd. NE  
22 Suite 700  
23 City Atlanta, GA 30326

2a. Mailing Address

26 Suite 3445 Peachtree Rd. NE  
27 Suite 700  
28 City Atlanta, GA 30326

24 Zip  
25 Country

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 date of signature

(NOTE: Registered Agent signature must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	BUDDEMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	HALE, PHILIP R	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PRES	
13 STREET ADDRESS	Robert Flanders	
14 CITY-ST-ZIP	3445 Peachtree Rd. NE Suite 700	
21 TITLE	Atlanta, GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	VST	
31 TITLE	Mark Rafuse	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	3445 Peachtree Rd. NE Suite 700	
33 STREET ADDRESS	Atlanta, GA 30326	
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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.

SIGNATURE:

*Robert M. Flanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

FILED

APR 29 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)