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 # **F94000004449 (4)**

1. Corporation Name

PILLSBURY HOSPITALITY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
40 PORTSIDE DR. FT. LAUDERDALE FL 33316	40 PORTSIDE DR. FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: **08/26/1994**

3a. Date of Last Report: **06/29/1995**

4. FEI Number: **62-1364633** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2650 Castilla Ave.	26 2650 Castilla Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
24 Zip 33301 25 Country	29 Zip 33301 30 Country

9. Name and Address of Current Registered Agent

PILLSBURY, LELAND C
40 PORTSIDE DR.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2650 Castilla Ave.

83

84 City: Ft. Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0505 and 607.1504, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PILLSBURY, LELAND C	
STREET ADDRESS	40 PORTSIDE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	STD	☐ DELETE
NAME	PILLSBURY, MARY M	
STREET ADDRESS	40 PORTSIDE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	2650 Castilla Ave.	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	2650 Castilla Ave.	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added above or on an attachment with an address.

SIGNATURE: ✓ Pillsbury L. Pillsbury PRESIDENT 4/1/96 305 463 4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone