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

Mailing Address

2650 CASTILLA AVENUE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piece of Business

2650 CASTILLA AVENUE

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # F94000004449 (4)

PILLSBURY HOSPITALITY ASSOCIATES, INC.

FT. LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3a. Date of Last Report 3. Date Incorporated or Qualified 08/26/1994 04/09/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 62-1364633 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country B. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PILLSBURY, LELAND C 2650 CASTILLA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 83 84 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tele if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DETETE Addition Change TITLE 1.1 TITLE PILLSBURY, LELAND C NAME 1.2 NAME 2650 CASTILLA AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CHY-\$1-7/0 DELFTE Change Addition TITLE 2.1 10116 PILLSBURY, MARY M NAME 2.2 NAME **2650 CASTILLA AVENUE** STREET ADDRESS 2.3 STREET AUDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CHY-SI-ZIP DELETE Change Addition TITLE 3.1 1ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 logal effect as if made under each; that I am an efficier 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

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