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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001929 (7)

## FILED Feb 05 1997 8:00am Secretary of State

WINSTON HOSPITALITY, INC.  Principa: Place of Business Mailing Address  2209 CENTURY DR., #300 RALEIGH NC 27612 RALEIGH NC 27612-3668								
					3. Date Incorporated or Qualified	3a. Da	le of Last R	aport
					04/20/1995	02/	19/1996	
2. Principai F	lace of Business	28. Mailing Address			4. FEI Number			plied For
1		26	777.		56-1874037			t Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	
22		27					Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	
<b>23</b> Ζίρ	Country	<b>28</b>	Count	ru	Trust Fund Contribution		Added	
24	25 Coonliny	29	30	ıy	8. This corporation has liability for Florida Statutes		tax under s TNo	. 199.032,
:4]	9. Name and Address of Current		1301		10. Name and Address of New Ro			····
			8	1 Name			. <del></del>	
	CORPORATION SYSTEM 00 S. PINE ISLAND RD.		8	Olecation of	fress (P.O. Box Number is Not Accepta	-blal		
	ANTATION FL 33324		•	Z Street Add	iress (P.O. box Normber is Not Accepta	ibie)		
PU	ANIAHON FL 33324		8	3				
			Ļ				1-1-7	~
			8	4 City		FL	85 Zip	Code
office or agent. La	am familiar with and accept the obliga	or Florida. Such change was itions of, Section 607.0505, F	authorized l Iorida Statut	by the corpora es.	ition's board of directors. I hereby acce	ept the appo	onument as	7 B 10 10 7 0 G
SIGNATURE	Signature, type for printed name of registered agen	r and title if applicable (NO	Tt. Registered A		poration submits this statement for the tion's board of directors. I hereby acce ired when reinstating)	DATE		
SIGNATURE	Signature, 150 of an printed name of region red agent	r and tile if applicable (NO ) DIRECTORS	TE Registered A	gent signature requ		DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  1/ILE	Signature, spiret or printed raining of registreed ages OFFICERS AND PSTD	r and title if applicable (NO	TE Registered A  13. 1.1 TITLE	gent signature requ	ilred when reinstating)	DATE		RS IN 12
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4. 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 legal effect as if made under oath, the Farrian officer or director of the copperation or the receiver of 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 attact then with an address.

SIGNATURE:

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120/97 (919) 510-600