

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004108 (5)

1. Corporation Name

REGENT HOSPITALITY CORPORATION



Principal Place of Business

Mailing Address

EXECUTIVE OFFICE BUILDING
3000 HERITAGE PKWY
FT MILL SC 29715

EXECUTIVE OFFICE BUILDING
3000 HERITAGE PKWY
FT MILL SC 29715

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Executive Office Building

26 Executive Office Building

4. FEI Number
57-1029135

Applied For
Not Applicable

22 Suite, Apt. #, etc.
1000 Zenith Avenue

27 Suite, Apt. #, etc.
1000 Zenith Avenue

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
FT Mill SC 29715

28 City & State
FT Mill SC 29715

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
29715

25 Country
USA

29 Zip
29715

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHEAD, KAREN
200 S ORANGE AVE #3000
ORLANDO FL 32801

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 fee (Applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DC
CHAI, LAWRENCE
3000 HERITAGE PKWY
FT MILL SC 29715

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
KHET, KOK YIN
3000 HERITAGE PKWY
FT MILL SC 29715

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
LOY, YET-KING
3000 HERITAGE PKWY
FT MILL SC 29715

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
SIEW, WOH
3000 HERITAGE PKWY
FT MILL SC 29715

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
CHEONG, ANGIE YAM LENG
3000 HERITAGE PKWY
FT MILL SC 29715

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
YAM, L.C. ANGIE
3000 Heritage Pkwy
FT Mill SC 29715

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGIE YAM, ASST. SECRETARY

(803) 547-8118

Date

Daytime Phone #

CR2E034 (12/95)