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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600002482 (5) DURRIN JACKSONNII I E HOSPITALITY INC

FILED May 12 1997 8:00am Secretary of State

	or Qualified 3a. Date of Last Report
21 APPLIED FOR	<u> </u>
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status l	Fee Required
City & State City & State 6. Election Campaign F 23 28 Trust Fund Contributi	tion Added to Fees
24 25 29 30 Florida Statutes	s liability for intangible tax under s. 199.032,
nan manana m	of New Registered Agent
RADDER, ADRIAAN 81 Name	
4670 SALISBURY RD JACKSONVILLE FL 32216 82 Street Address (P.O. Box Number is No	lot Acceptable)
83	
84 City	85 Zip Code
	DATE ES TO OFFICERS AND DIRECTORS IN 12
TIRE DP DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME DURBIN, DAVID L 12 NAME	
STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS	
City S1-7P MCLEAN VA 22101 1.4 City-S1-ZIP	
TOTALE DV DELETE 2.1 TITLE	Change Addition
NAME BAKER, THOMAS 22 NAME	·
STREET ADDRESS 1420 BEVERLY RD #330 2.3 STREET ADDRESS CUTY, ST. ZIP MCLEAN VA 22101 2.4 CUTY, ST. ZIP	
	46.
ANDREWO ANGLASTI	L. Change L. Addition
NAME ANDREWS, MICHAEL 32 NAME STREET ADDRESS 1420 BEVERLY RD #330 33 STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP MCLEAN VA 22101 34. CITY-ST-ZIP	
TITLE DELETE 41 TITLE	Change Addition
NAME 4.2 NAME	-
STHEET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	
THE DELETE 5.1 TITLE	Change Addition
FEATHE 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CHY-S1-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
City St. 2/0 64 City St-2/P 64 City St-2/P 64 City St-2/P 14 Life because certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/(i). Fig.	and on the state of the state o

Translating desiry that the information supplied with this litting 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.

SIGNATURE: