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

**PROFIT** CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1998

## **FILED** Feb 18 1998 8:00am Secretary of State

1	MENT # F9600( IRM LODGING INC.	0002889 (1)			
Principal Plac	e of Business	Mailing Address			INE LIBEL IBIEL LOISE HOLF LOES
621 LYNNHAVE PKWY #351 621 LYNNHAVE PKWY 1 VIRGINIA BEACH VA 23452 VIRGINIA BEACH VA 234			¥351		
					00405
i				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 06/10/1996	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		54-1567547	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State	е	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25 Same and Address of Curren		[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Florida Statute of Florida. Such change was a ations of, Section 607,0505, Flo	84 City	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	85 Zip Code of changing its registered pointment as registered
SIGNATURE	Signature: typed or brinted name of registered age	int and title / applicable [NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSD	☐ DELE <b>te</b>	1.1 TITLE		L Change L Addition
NAME	HARWIN, GEORGE E		1.2 NAME		\.
STREET ADDRESS	<b>529</b> S. Atlantic ave. Virginia Beach va 23451		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VIRGINIA DEACH VA 20401	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		- Mittie	2.2 NAME		C Change C Madition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2, 4 City-St-ZiP		
TITLE		☐ DELET <b>E</b>	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME )			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Charge ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		ľ
JINEEN MODINESS			O.O. O. T. C. T.		

14. I 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 oah; 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 it chapted or on an attachment with an address.