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

FILED

May 13 1998 8:00am

Secretary of State

1998 ***
DOCUMENT # F960(

F96000003366 (9)

| GRANC | OVIEW HOTEL CORPORATION | ON . | • | | |
|--|---------------------------------------|---------------------------------------|----------------------------------|---|---------------------------------------|
| Principal Plac | e of Business | Mailing Address | | 4 SEGURE SING SOME DIGHT COM PONT GOVER \$811 | ir Bolob 11:00 lillin B11(9 Bift 189) |
| % RADISSON | | 207 GRANDVIEW DR | _ | | |
| GREATER CINCINNATI INTERNATIONAL AIRPORT FT MITCHELL KY 41017 HEBRON KY 41048 US | | | | DO NOT WRITE IN THIS SPACE | |
| | 11010 | 00 | | 3. Date Incorporated or Qualified | |
| | | | | 07/02/1996 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 | | · | | 61-1300935 | Not Applicable |
| Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 27 City & State City & State | | | | | Fee Required |
| 23 28 City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | Name and Address of Current | | | 10. Name and Address of New Registe | red Agent |
| C. | T CORPORATION SYSTEM | | 81 Name | | |
| | 00 \$O UTH PINE ISLAND ROAD | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| PLANTATION FL 33324 | | | | | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | · | | exporation submits this statement for the purpo- ation's board of directors. I hereby accept the | FL B3 Zip code |
| agent. I a SIGNATURE | m familiar with, and accept the oblig | ations of, Section 607, 0505 , | Florida Statutes. | | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | PD VANCO MARILIANA I | ☐ DELETE | 1.1 TALE | | Change Addition |
| NAME | YUNG, WILLIAM J 207 GRANDVIEW DR. | | 1.2 NAME | | |
| STREET ADDRESS | FT. MITCHELL KY 41017 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | VD | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | MARQUET, JOSEPH E | OCCEVE | 2.2 NAME | | Change Rounten |
| STREET ADDRESS | 207 GRANDVIEW DR. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MITCHELL KY 41017 | | 2, 4 CITY - S1 - ZIP | • | |
| TALE | ST | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | MITCHEL, THEODORE R | | 3.2 NAME | | |
| STREET ADORESS | 207 GRANDVIEW DR. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MITCHELL KY 41017 | | 3.4. CITY - ST - ZIP | | |
| TITLE | D THOMAS | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | MAYER, THOMAS | | 4. 2 NAME | | |
| STREET ADDRESS | 207 GRANDVIEW DR. | | 4.3 STREET ADDRESS | | |
| CITY+ST-ZIP | FT. MITCHELL KY 41017 | □ neiese | 4.4 CITY - ST - ZIP | | Change |
| TITLE | | ☐ DELE1E | 5 1 TITLE | | Change Addition |
| NAME Street address | | | 5.2 NAME 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STORET ADDRESS | | | 6.2 STREET ADDRESS | | |

14. Thereby 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, that I am an officer or director of the corporation or the receiver or trustrept properties of the corporation or the receiver of trustrept properties of the proper