PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700006127

1. Corporation Name

CITY-ST-ZIP

CRESTWOOD SUITES, INC. THREE

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Principal Place of Business Mailing Address							1,440,441	18 (81) (88): BREST ROTTS			
168 N. JOHNSTON STREET			168 N. JOHNSTON STREET								
SUITE 100			SUITE 100				DO NOT WRITE IN THIS SPACE				
DALLAS GA 30132 DALLA		DALLAS GA	LLAS GA 30132				3. Date Incorporated or Qualifed				
							11/19/1997				
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number			1	Applied For
21		26	26				58-232742	1			Not Applicable
Suite, Apt.	. #, etc.		Apt. #, etc.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			\$8.75	Additional
22		27	27				5. Certifcate of	Status Desired		Fee !	Required
City & Sta	te _ =	. City &	State _		-		6. Election Carr	paign Financing	Ĩ	\$5.0	May Be
23		28					Trust Fund C	ontribution		Adde	to Fees
Zip	Country	Zip		Country	У		8. This corporat	tion owes the curre	ent year inta	_	.
24	25	29		30			Personal Pro			∐Yes	⊠ No
	9. Name and Address of Cur	rent Registered A	gent -		.T		10. Name and A	ddress of New R	egistered /	Agent	
MEAT	and total h			81	T Na	me					
	FING, JOHN K			82	2 St	reet Addr	ess (P.O. Box Num	ber is Not Accepta	ble)		
	NORTH GARLAND AVE				_						١.
	E 101 NDO.FL 32801			83	3						
OHL	4MDQ.FL 32801			84	4 Ci	ty				85 Zi	Code
								15-25-	FL		to so interest
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ate of Florida. Such	, Florida Statut change was a	tes, the abov	ve-nai	med corporation	oration submits this on's board of directo	rs. I hereby accep	purpose or it the appoir	ntment as	registered
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agent. I a	am familiar with, and accept the obl	ligations of, Section	607.0505, Flo	orida Statute	y alo :\$.						
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6.4 CITY-ST-ZIP

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 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, with all other like empowered.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90128 041 ***150.00