


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90187 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004247

1. Corporation Name
LANDMARK HOSPITALITY, INC.

Principal Place of Business 1133 FOURTH STREET, SUITE 310 SARASOTA FL 34236	Mailing Address 1133 FOURTH STREET, SUITE 310 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

52-2090162

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐

Yes

☐

No

2. Principal Place of Business

21 1424 STATE STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 1424 STATE STREET

Suite, Apt. #, etc.

City & State

23 SARASOTA

Zip

FL

Country

25 34236

City & State

28 SARASOTA

Zip

FL

Country

30 34236

9. Name and Address of Current Registered Agent

BRANTON, ROGER P
 1133 FOURTH STREET SUITE 310
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLESSNER, KEVIN J	
STREET ADDRESS	1133 FOURTH STREET SUITE 310	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BRANTON, ROGER G	
STREET ADDRESS	1133 FOURTH STREET, SUITE 310	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DORSETT, STEVEN M	
STREET ADDRESS	1133 FOURTH STREET, SUITE 310	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1424 STATE STREET
1.4 CITY-ST-ZIP	SARASOTA, FL 34236

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1424 STATE STREET
2.4 CITY-ST-ZIP	SARASOTA, FL 34236

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1424 STATE STREET
3.4 CITY-ST-ZIP	SARASOTA, FL 34236

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

954-8701

Date

Daytime Phone #

CR2E034 (11/98)