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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004568

FILED Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90051 013 ***150.00

UNIQUE HOTELS & RESORTS, INC.							
Principal Place	e of Business 3/4	Mailing Address	<u> </u>	-,	-	IIK BOKI OBIN 1900) I	IIII DIIDE IDII EBBI
840 APOLLO STREET. SUITE 3245 840 APOLLO STREET. SUITE			3/V				÷
EL SEQUNDO CA 90245 EL SEQUNDO CA 90245					DO NOT WRITE II	N THIS SPACE	
					Date Incorporated or Qualifed	TTIIO OF ACE	
					08/11/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					33-0604091		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		5 Additional
22 27							Required
City & State City & State					6. Election Campaign Financing		0 May Be
23	Country Zip (Trust Fund Contribution		ed to Fees
Zip	Country Zip Country 25 29 30				This corporation owes the current y Personal Property Tax.	year intangible ☐ Yes	□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Regi		
	Traine disc regions of various		81 1	lame			
CT	CORPORATION SYSTEM		82 5	***** A dalam	ss (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			62 3	dreet Addres	ss (P.O. Box Number is 1401 Acceptable)	!	
PLAI	ntation fl 33324		83				
			84 (City		85 2	ip Code
				-			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-n	amed corpor	ration submits this statement for the purp 's board of directors. I hereby accept the	oose of changing	its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	COIPORALION	13 Doubt of directors. Thereby accept the	э арропинен ас	registered
SIGNATURE							
	Signature, typed or printed name of registered ag-		Registered Agent sig	nature required t	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODE IN 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Chan	
TITLE	PCT PREVETTE, ERIC	_	1.2 NAME			Crian	ge
NAME	ALC ADOLLO OFFICE OUTE ACT		1.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	EL SEQUNDO CA 90245	024-	1.4 CITY-ST-ZI				
TITLE	WS	☐ DELETE	2.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS	840 APOLLO STREET, SUITE 824		2.3 STREET AD	DRESS			
CITY-ST-ZIP	EL SEQUNDO CA 90245		2. 4 CITY-ST-ZIP		÷	^ -	i
TITLE			3.1 TITLÉ			Chan	ge Addition
NAME	!		3.2 NAME				
STREET ADDRESS	RESS		3.3 STREET AD	DRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Chan	ge 🔲 Addition
NAME		4. 2 NAME					
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZI	•		Clohan	an D Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Chan	ge C Addition
NAME			5.3 STREET AD	nress			
STREET ADDRESS			5.4 CITY-ST-ZI				
CITY-ST-ZIP				.			
(1126		□ nel ete	6.1 TITLE	a		Chan	ge 🗆 Addition
NAME		☐ DELETE				Chan	ge Addition
NAME STREET ADDRESS		☐ DELETE	6.1 TITLE			Chan	ge Addition

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 of 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