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 # F98000006247

LODGING OG CORPORATION

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90115 039 ***150.00

	ce of Business	Mailing Address					
410 SEVERN A	AVE. S-314	410 SEVERN AVE. S-314					
ANNAPOLIS MD 21403		ANNAPOLIS MD 21403			DO MOT MOST IN THE	CDACE	
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		ļ
					10/26/1998		A
	Place of Business	2a. Mailing Address			4. FEI Number	-	Applied For
21		26 Suito Apt # ata			APPLIED FOR 52-21420213		Not Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Required
City & State		City & State		 	6 Finaling Compains Financing	\$5.00 May Be	
	ne	<u> </u>			6. Election Campaign Financing Trust Fund Contribution		ບ າກay Be dto-Fees
23 Zip	Courtry	Zip	Cou	intn/	This corporation owes the current year in		<u>u a 1 663</u>
			30	,	Persor al Property Tax.	Yes	!⊒No
24	9. Name and Address of Curren	29 Agent	30		10. Name and Address of New Registers d		
	5. Harrie and Address of Curren	Hegistered Agent		81 Name			
СТ	CORPORATION SYSTEM						
- .	0 SOUTH PINE ISLAND ROAD			82 Street Ac	dress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			83			
				84 City	Fl	85 Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				have named or		_ , ,	its registered
office (r	registered agent, or both, in the State (of Florida. Such change was	⊸authorized	by the corpora	ition's board of directors. I hereby accept the app o	intment as	registered
agent.	am familiar with, and accept the obligation	tions of, Section 607.0505, F	lorida Stat	utes.			
SIGNATUFE					yed when reinstating) DATE		
49	Signature, typed or printed name of registered agen	nt and title if applicable (NO IE) DIRECTORS	T E: Registered	1 Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	T _	DELETE	1111	TI É	ADDITIONS/GITANGES TO GITTOERE	Chang	
	D LUTTHANC VINE		1.2 N/				
NAME	LUTTHANS, KIM E			!			
STREET ADDRESS	}		1	TREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE 19801	☐ DELETE	2.1 TI	TY-ST-ZIP			
TITLE	PD	□ nereie				☐ Chang	e 🗆 Addition
NAME	PILLSBURY, LELAND C		2.2 N			☐ Chang	e Addition
STREET ADDRESS	410 SEVERN AVE. S-314			·- /		☐ Chang	e Addition
CITY-ST-ZIP			2.3 ST	TREET ADDRESS		☐ Chang	e Addition
TITLE	ANNAPOLIS MD 21403		2.3 ST	TREET ADDRESS			
NAME	D	☐ DELETE	2.3 ST 2.4 C 3.1 TI	TREET ADDRESS		☐ Chang	
STREET ADDRE 3	D Malek, Frederic V	☐ OELETE	2.3 ST 2.4 C 3.1 TI 3.2 N	TREET ADDRESS CITY-ST-ZIP TILE AME			
	D MALEK, FREDERIC V 410 SEVERN AVE S-314	☐ OELETE	2.3 ST 2.4 C 3.1 TI 3.2 N	TREET ADDRESS			
CITY+ST-ZIP	D Malek, Frederic V		2.3 ST 2.4 C 3.1 TI 3.2 No 3.3 ST	TREET ADDRESS CITY-ST-ZIP TILE AME		Chang	e Addition
	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403 VS	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 No 3.3 ST	TREET ADDRESS UTY-ST-ZIP TILE AME TREET ADDRESS UTY-ST-ZIP			e Addition
CITY-ST-ZIP	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403		2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE		Chang	e Addition
CITY-ST-ZIP	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403 VS WEYMER, DAVID J		2.3 ST 2.4 C 3.1 TI 3.2 Nv 3.3 ST 3.4. C 4.1 TI 4.2 N	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE		Chang	e Addition
CITY-ST-ZIP TITLE NAME	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403 VS WEYMER, DAVID J	☐ DELETE	2.3 S1 2.4 C 3.1 TI 3.2 N 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1	TREET ADDRESS ETY-ST-ZIP TILE AME TREET ADDRESS ETY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE		☐ Chang	je ∏ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403 VS WEYMER, DAVID J 410 SEVERN AVE, S-314 ANNAPOLIS MD 21403 TAS	☐ DELETE	23 S1 2 4 C 3.1 TI 3.2 N 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI	TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TITY-ST-ZIP TREET ADDRESS		☐ Chang	e ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP TITLE	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403 VS WEYMER, DAVID J 410 SEVERN AVE, S-314 ANNAPOLIS MD 21403 TAS REID, MARTIN A 410 SEVERN AVE, S-314	☐ DELETE	2.3 S1 2.4 C 3.1 T1 3.2 N/ 3.3 S1 3.4 C 4.1 T1 4.2 N 4.3 S1 4.4 CI 5.1 T(5.2 N/ 5.3 S1 5.4 CI	TREET ADDRESS TITY-ST-ZIP TILE AMME TREET ADDRESS TITY-ST-ZIP TILE		☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP	D MALEK, FREDERIC V 410 SEVERN AVE S-314 ANNAPOLIS MD 21403 VS WEYMER, DAVID J 410 SEVERN AVE, S-314 ANNAPOLIS MD 21403 TAS REID, MARTIN A 410 SEVERN AVE, S-314 ANNAPOLIS MD 21403	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 5.1 TC 5.2 N/ 5.4 CI 6.1 TI 6.2 N/	TREET ADDRESS TITY-ST-ZIP TILE AMME TREET ADDRESS TITY-ST-ZIP TILE		☐ Chang	e 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 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 a lother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICES OR DIRECTOR

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R2F034 (11/98)