

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

FILED  
Jul 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G10440 (7)

1. Corporation Name  
PARK ROYAL INN, INC.

Principal Place of Business  
3323 STEEPLECHASE LANE  
KISSIMMEE FL 34746

Mailing Address  
3323 STEEPLECHASE LANE  
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/02/1982

4. FEI Number  
59-2797887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 824 HALIFAX DRIVE

2a. Mailing Address  
26 824 HALIFAX DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 KISSIMMEE, FL

27 City & State  
28 KISSIMMEE, FL

24 Zip 34758 25 Country USA

29 Zip 34758 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTER, RONALD G  
56 NW 9TH STREET  
HOMESTEAD FL 33030

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WAWRZYNIAK, CAROL  
STREET ADDRESS 3323 STEEPLECHASE LANE  
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 824 HALIFAX DRIVE  
1.4 CITY-ST-ZIP KISSIMMEE, FL. 34758 ☒ Change ☐ Addition

TITLE V  
NAME WAWRZYNIAK, JR. JOSEPH  
STREET ADDRESS 100 US HWY ONE  
CITY-ST-ZIP FLORIDA CITY FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 824 HALIFAX DRIVE  
2.4 CITY-ST-ZIP KISSIMMEE, FL. 34758 ☒ Change ☐ Addition

TITLE V  
NAME WAWRZYNIAK, ROBERT  
STREET ADDRESS 100 US HWY ONE  
CITY-ST-ZIP FLORIDA CITY FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 824 HALIFAX DRIVE  
3.4 CITY-ST-ZIP KISSIMMEE, FL. 34758 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE

*[Signature]* 12-98

CR2E034 (10/97)