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0123372

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90014 034 ***150.00

DOCUMENT # G22189

1. Corporation Name

PC HOTEL CORP.

Principal Place of Business
1301 NE 7 STREET
HALLANDALE FL 33009

Mailing Address
1301 NE 7 STREET
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	**01/11/1983**	
4. FEI Number **59-2379679**	Applied For	Not Applicable
5. Certifcate 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 the current year Intangible Personal Property Tax.	☐ Yes	☐ No

2. Principal Place of Business
[21] *1301 NE 7th St*
[22] Suite, Apt. #, etc. *513*
[23] City & State *Hallandale, Fla.*
[24] Zip *33009* [25] Country *Broward*

2a. Mailing Address
[26] *1301 NE 4th St*
[27] Suite, Apt. #, etc. *513*
[28] City & State *Hallandale, Fla*
[29] Zip *33009* [30] Country *Broward*

9. Name and Address of Current Registered Agent

COMPANARO, PETER
1301 NE 7 STREET
HALLANDALE FL 33009

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 *Peter E. Campanaro*
(Signature, typed or printed name of registered agent and title, if applicable.) (NOTE: Registered Agent signature required when reinstating)
Jan 3, 1999 DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPANARO, PETER		1.2 NAME	
STREET ADDRESS	1301 NE 7 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Peter E. Campanaro*   Peter E. Campanaro   1/3/99   9544585160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #