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PROFIL CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G52872

(0)

INTERNATIONAL HOSPITALITY, INC. Principal Place of Business Mailing Address 1188 EDGEWOOD AVENUE, S. 1188 EDGEWOOD AVENUE, S. JACKSONVILLE FL 32205 JACKSONVILLE FL 32205-5370 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1983 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>59-2345965</u> Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Žijo Zφ 8. This corporation has liability for intangible tax under s. 199 032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HINRICHSEN, PETER 1188 EDGEWOOD AVENUE, S. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 Zip Code 11. Fursuant 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 Septiation, typewor planning after others steed agent and first if opplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DPS DELETE 1.1 7 | 11 | TILLE HINRICHSEN, PETER 1.2 NAME NAME 1188 EDGEWOOD AVE., S. 1.3 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 1.4 CITY - ST-ZIP CITY-S1-Z/P Channe Addition DELETE 2 TITLE THE HINRICHSEN, PETER 2.2 NAME NAME 1188 EDGEWOOD AVE., S. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY- ST DELETË Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ACCORESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP C-17 - ST - ZIP Change Addition DELETE 4 1 TITLE THEF NAVE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP City - St - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 01~v - \$1 - 70° DELETE Change Addition DISF 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-28

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Let hereby certly 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 of supplier entire annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that have an officer or director of the corporation or the receiver or truettee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if charged to an attachment with an address.

FILED

Jan 23 1997 8:00am

Secretary of State