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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

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DOCUI 1. Corporation	MENT # H146	808	(4)	•							
•	HOTEL OF TAMPA, INC.										
Principal Place	of Business	Mai	iling Address				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7380 SAND	LAKE RD.		7380 SAND LAKE RE) .							
SUITE 110	FL 32819-5250		SUITE 110 ORLANDO FL 32819-								
US	C 02015-0200		US	323U			3. Date Incorporated c	r Qualified		e of Last R	•
2. Princinal Pla	ace of Business	T 20	Mailing Address				07/31/1984 4. FEI Number		<u> </u>	05/01/19	
	and or Edistricati	26	Mailing Address				59-243188	R			Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status		ь		Additional
2		27							<u> </u>		Required
City & State)	28	City & State .				6. Election Campaign F				0 May Be
Zip	Country			Cou	untry		Trust Fund Contribu 8. This corporation has	· · · · · · · · · · · · · · · · · · ·		······	d to Fees
4	25	29		30	. ,		Florida Statutes		i⊓tangibie τ □ No	ax unider S	149.032,
	9. Name and Address of Curr	rent Registe	ered Agent				10. Name and Addres	s of New R	egistered	Agent	
611444					81 1	Name					
	I, TERRY M. AND LAKE RD. #110				82 8	Street Addre	ess (P.O. Box Number is No	ot Acceptab	le)		· · · · · · · · · · · · · · · · · · ·
	DO FL 32819-2250				83						
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SIGNATURE _	of the provisions of Sections 607.05 ad agent, or both, in the State of Fig., and accept the obligations of, Se				ove-nan corpora	•		t for the pur ept the appo	pose of ch pintment as	1 '	
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certify that the illustration indicated on this armidal 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 office; 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 Brock 13 if changed, or on an attachment with an address.

GNATURE:

407-351-5070

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401-351-5010 Daytime Prione #