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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H36868

(8)

HOWARD VERNON MOTEL, INC.

FILED
Jan 23 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address		- T TERROLI ELDA ISING DISAL RESIO BRICH FALL BIRIL		
C/O RONALD R. T. HO 800 W COLONIAL DR	C/O RONALD R. T. HO 600 W COLONIAL DR		DO NOT WRITE IN THIS SPACE	
ORLANDO FL 32904-7308	ORLANDO FL 32804-7308			
			 Date Incorporated or Qualified 01/07/1985 	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		59-2484609	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	0	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
HO, RONALD R. T.		81 Name	10.	
600 W COLONIAL DR		92 Chast Add	POR (D.O. Boy N. mbor in Not Accountable)	
ORLANDO FL			ress (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
			F	L S Zip Code
 Pursuant to the provisions of Sections 607.00 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obline 	ite of Florida. Such change was au	uthorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	o of changing its registered appointment as registered
SIGNATURE				
Signature typed or printed name of registered a	agent and title if applicable (NOTL ND DIRECTORS	Registered Agent signature requi		
12. OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME HO, RONALD R. T.	•	1.2 NAME		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS 600 W COLONIAL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - \$1 - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		į
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZiP 4.1 TiTLE		Change Addition
NAME	← Deficie	4.1 MILE 4.2 NAME		C Orlange C Recition
STREET ADDRESS		4.3 STREE1 ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		1
STREET ADDRESS		6.3 STREET ADDRESS		ĺ
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 trusted 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 within address

CICALATURE.

HO

1-12-99

407-422-7162