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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 16 1997 8:00am Secretary of State

7.7	MENT # H38902 COAST HOTELS, INC.	(3)						
Principal Place of Business  1888 ROUTE 52 HOPEWELL JUNCTION NY 12533 US		Malling Address  1886 ROUTE 52  HOPEWELL JUNCTION NY 1 US	1533- <del>6</del> 656					
					3. Date Incorporated or Qualified 01/22/1985	<b>I</b>	te of Last R <b>9/1996</b>	leport
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 13-3257979	1 0.72	Ap	oplied For
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	ot Applicable Additional
City & Stat	le	City & State			6. Election Campaign Financing		\$5.00	equired May Be
23] Zip 24	Country 25	Zip	Oountr	у	Trust Fund Contribution  8. This corporation has liability for			
24	9, Name and Address of Current	29     3 Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes [		
<u>.</u>	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	and 637.1508, Florida Statutos I Florida. Such change was au ons of, Section 607.0505, Flori	83 84 s, the above thorized be ida Statute	City	poration submits this statement for the pation's board of directors. I hereby accep	FL urpose of ot the appo	1 1 1	Code s registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable (NOTE:	Registered Ag	ent signature requ	ured when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOLLMAN, STANLEY S 1886 ROUTE 52 HÖPEWELL JUNCTION NY 1253	□ DF1FTE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY-1	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNDLEY, MONTY D 1886 ROUTE 52 HOPEWELL JUNCTION NY 1253	☐ DELETE	21 TITLE 22 NAME 23 STREE	1 ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOLLMAN, ARNOLD 1886 ROUTE 52 HÖPEWELL JUNCTION NY 1253	☐ DELETE	2. 4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREET	I ADDRESS		• • • • • • • • • • • • • • • • • • • •	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FREEDMAN, SANFORD 1886 ROUTE 52 HOPEWELL JUNCTION NY 1253	☐ DELETE	3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS		[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE STREET STREET THE TENT	☐ DELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-5	ADDRESS		Ţ	Change	☐ Addition
TITLE		DELETE	E STITLE				Chasas	Addition

6.2 NAME

63 STREET ADDRESS 6.4 CrTY-ST-ZIP 14. I do 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 in an attachment with an address.