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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

HOTEL HOLDING CORPORATION

Mailing Address Principal Place of Business 6731 15TH AVENUE NORTH 6731 15TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1995 09/22/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2721750 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Country Ζip ☐ Yes ☐ No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GOLDBERG, STEPHEN R. 82 6731 15TH AVENUE NORTH 83 ST. PETERSBURG FL 33710 Zip Code 84 City 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 DATE INDIE Projekteren Agent signature required when reinskalling' SIGNATURE Signature, typed or proted name of registerist agest and their approach ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1 1 111LF [] DELETE TITLE GOLDBERG, STEPHEN R. NAME 6731 15TH AVENUE NORTH 1.3 STREET ACORESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY - ST-ZIP Change Add:tion DITY-ST-ZIP DELETE 2 1 TiTLE VSD TITLE KAYE, RICHARD M. 100 OAKMONT LANE #208 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZP BELLEAIR FL Change ☐ Addition CITY - ST- ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change ncitibbA [CITY - ST - ZIP DELETE 4 1 115LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - \$1 - ZIP ☐ Addition CITY - ST - ZIP Change DELETE 5 1 THELE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TIBLE TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this agriup a port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this agriup appears in the control of the composition of the receipt or trusted appears in Block 12 or Block 13 if changed, syon an attachment with an address.

6.2 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS

RECTOR CHEPHEN

CR2E034 (12/95)