## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(7)

Corporation Name

HOSPITALITY SHARED SERVICES, INC.							
Principal Place	of Business	Mailing Addre					
343 79TH STREET SOUTH 343 79TH STREET SOUTH ST PETERSBURG FL 33707 ST PETERSBURG FL 33707							
			1			3. Date Incorporated or Qualified 11/10/1987	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 65-0012582	Applied For Not Applicable
21		26 P.O. BOX 7768 Suite, Apt. #, etc				\$8.75 Additional	
Suite, Apt. #	, etc.	27 Suite, Apr. #, etc				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28 Cler	ewaten		reins	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country 30 Pin	-11.4-	8. This corporation has liability for	intangible tax under s. 199.032, S
24	25	29 3461		30 FIN	curs	Florida Statutes Let Yes  10. Name and Address of New F	-
	g. Name and Address of Curre	ent Hegistered Age		81	Name		
VELOEV	14TH 3 1434 C					SAME Number in Not Associate	No.
	WILLIAM C.		82	Street A	iddress (P.O. Box Number is Not Acceptable)		
	i street south Ersburg fl 33707			83			
SI. FEIL	nopona i L soi vi				0.1		85 Zip Code
,				84	City		FL   T
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508 FI	lorida Statute	s, the above r	named cor	poration submits this statement for the punoard of directors. I hereby accept the app	urpose of changing its registered office opintment as registered agent. I am
or register familiar wit	ed agent or bath, in the State of His h, and <del>combine of ligations of S</del> e	onda i Such change v ection 607.0505, F <u>l</u> or	was aumonze ndą <b>Ş</b> tatutes.		Oralionsi	Active of directors. Thereby deserve as exp	1 1
SIGNATURE.	Si ful de la	111/mm C	Kellaj	1 kg	Spent	cured wheree state(j)	4/30/94
Sidik-Tork.	To ature, typed or printed name of registered as	n dia stitle diappi sale.	Te #25		r signur ire rei	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	OFFICERS A	AND DIRECTORS	DELETE	13.	T	ADDITIONS OF LANGEO TO OF	Change Addition
TITLE	KELSEY, WILLIAM	لسا	Dece . c	12 NAME			
NAME	343 79TH ST SOUTH			1.3 STREET	ADDRESS		
STREET ADDRESS	ST. PETERSBURG FL			1.4 CITY - S			
CITY-ST-ZIP TITLE	DV		DELETE	2 1 TITLE		bergson, Stephen 2288 Spring Hower i Clenewaken FL 3462	Change
NAME	GREGSON, STEPHEN			2.2 NAME	-	Cama Hames 1	Deline .
STREET ADDRESS	9848 NOB HILL LANE			23 STREET	ADDRESS	2288 Spring Flowers	
CITY-ST-ZIP	SUNRISE FL			2.4 CITY - 3	S1 - ZIP	Clenewater FL 3462	Charge Addition
TITLE			) DELETE	3 1 TIFLE			Change Addition
NAME				3 2 NAME			
STREET ADDRESS					T ADDRESS		
CITY - ST - ZIP			) DELETE	3.4 CITY -:			Change Addition
TITLE		<u>L</u>	Trans	4. 1 111CE 4 2 NAME			
NAME				1	I ADDRESS		
STREET ADDRESS				4.4 C:TY -			
CITY-ST-ZIP TITLE			DELETE	5 1 TITLE		<b>7000018</b> -05/28/9601 ***200.00	4 D T DOPige   Addition
NAME			-	5.2 NAME		-05/28/9601	.033011
STREET ADDRESS				5 3 STREE	T ADDRESS	***200.00	(')
CITY-SI-ZIP				5.4 CITY -	ST-ZIP		
TITLE		Ī.	) DELETE	6 1 111LE			Change Addition
NAME				6.2 NAME			~11146
STREET ADDRESS				63 STREE	T ADDRESS		2111
1	1			6.4 CITY -	ST. 7(P	1	•

64 CITY-ST-ZIP

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 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 3 if planged, own an attachment with an address

SIGNATURE:

| Comparison of the corporation of the corporation of the corporation of 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 3 if planged, own an attachment with an address

SIGNATURE:

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CR2E034 (12/95)