

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90079 018 ***150.00

DOCUMENT # **K31530**

1. Corporation Name
BISCAYNE HOTEL CORPORATION

Principal Place of Business
**2861 REYNOLDS DRIVE
FT. PIERCE FL 34945**

Mailing Address
**10775 CARIBBEAN BLVD
MIAMI FL 33189**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1988

4. FEI Number **65-0189270** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3380 Fairlane Farms Road**

22 City & State

27 Suite 1

23 Zip

28 **Wellington Florida**

24 Country

29 **33414** 30 **USA**

9. Name and Address of Current Registered Agent

**LEEMON, CHARLES L. III
10775 S.W. 200 STREET
MIAMI FL 33189**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3380 Fairlane Farms Road

83 Suite 1

84 City
Wellington

85 Zip Code
FL 33414

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.

SIGNATURE

Charles L. Leemon III

1-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **LEEMON, CHARLES L. III**
STREET ADDRESS **10775 S.W. 200 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ DELETE
NAME **LEEMON, LINDA L**
STREET ADDRESS **10775 SW 200 STR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **LEEMON, EDWARD C.**
STREET ADDRESS **17704 SW 83 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **15850 Britten Lane**
1.4 CITY-ST-ZIP **Wellington, Florida 33414**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **15850 Britten Lane**
2.4 CITY-ST-ZIP **Wellington, Florida 33414**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **15850 Britten Lane**
3.4 CITY-ST-ZIP **Wellington, Florida 33414**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda L. Leemon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

561-753-9999

Date

Daytime Phone #

CR2E034 (11/98)

0266390