

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90016 012 ***150.00

0574610

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K31531

1. Corporation Name
VIRGINIA GARDENS HOTEL CORPORATION



Principal Place of Business % CHARLES L. LEEMON, III 19775 S.W. 200 STREET MIAMI FL 33189	Mailing Address % CHARLES L. LEEMON, III 10775 S.W. 200 STREET MIAMI FL 33189
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3380 Fairlane Farms Rd. Suite, Apt. #, etc. 22 Suite 1 City & State 23 Wellington Florida Zip Country 24 33414 25	2a. Mailing Address 26 3380 Fairlane Farms Rd. Suite, Apt. #, etc. 27 Suite 1 City & State 28 Wellington Florida Zip Country 29 33414 30
--	---

3. Date Incorporated or Qualified 08/22/1988	4. FEI Number 65-0072014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 Charles . Leemon III
82 - Street Address (P.O. Box Number is Not Acceptable) 15850 Britten Lane
83
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* DATE 4/13/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEEMON III, CHARLES L. 17704 S.W. 83 COURT MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEEMON, LINDA L. 17704 S.W. 83 COURT MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEMON, EDWARD C. 17704 S.W. 83 COURT MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15850 Britten Lane Wellington Florida 33414
2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15850 Britten Lane Wellington Florida 33414
3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15850 Britten Lane Wellington Florida 33414
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Charles L. Leemon III* SIGNATURE REQUIRED: *Linda L. Leemon* Date: 4-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Sec. Virginia Gardens Hotel* Daytime Phone #

CR2E034 (11/98)