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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham (Secretary of State

Secretary of State • DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # K69999

(6)

SOUTH WEST HOTELS CORP.

Mailing Address
2400 LAVISTA
MCALIFIN TX 78501-6353

2400 LAVISTA MCALLEN TX 70 US	8501	2400 LAVISTA MCALLEN TX 78501-6353 US				
				3. Date Incorporated or Qualified 03/03/1989	3a. Date of Last Report 04/17/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21 695	O HUNTERS	085 6950 HU.	NTERS	DZ 65-0200475	Not Applicable	
Suite, Αρί 1 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
	UES FLORIDA		FLORIA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
7ip 3 4 (199 25 USA		Country 30 USA		☐ Yes 🔣 No	
,	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
	HARDSON, RALPH		81 Name	THOMAS KILL	EN	
	25 OLD 41 RD \$104 HFA SPRINGS FL 33923			Street Address (P.O. Box Number is Not Acceptable) 6950 HUNTERS ORIVE		
			83	NAPLES FLORE	100 34109	
· •			84 City		FL 85 Zip Code	
11. Dursuant I	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the poration's board of directors. I hereby accor-	purpose of changing its registered	
agent Far	cg stered agent or bont, in the state ni fam har with, and acrept the obliga	alien of Soction 607.0505, Flor	rida Statutes.	poration's poard of directors, i hereby acci	apt the appointment as registered	
SIGNATURE	James	// X			2/10/97	
	Signatore type a privately sine of registered as		: Registered Agent signature		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
1111.1	DP	☐ DELETE	. 1.1 TITLE	V	☐ Change ► Addition	
NAM:	HUTERSTEIN, REINHOLD		1.2 NAME	THOMAS KILLE	E MIVE	
STREET ADDRESS	2400 LA VISTA		1.3 STREET ADDRESS	6950 HUNTER	34/09	
City St 7/P	MCALLEN TX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.4 CITY - ST - ZIP	NAPLES FL	32797	
1(1.E	DST	L DELETE	#35°	Visit of many (TEX	Change	
NAME	HUTERSTEIN, THERESA		22 NAME	WALSH, MATTHEW		
STREET ADDRESS	2400 LAVISTA		23 STREET ADDRESS	2400 La Vista		
CHY-S1 ZIF	MCALLEN TX		2 4 CITY-ST-ZIP	MCAILEN, TEXAS 7	8501-6353	
a ^{lii.E}	V	DETELE	31 TITLE #	DP	Change	
Name	WALSH, MATTHEW		3 2 NAME	HUTERSTEIN, REINA 6950 HUNTERS	mile alling	
STREET ADDRESS	2400 LAVISTA		3 3 STREET ADDRESS			
CHY S1-7P	MCALLEN TX	***************************************	34 CITY-ST-ZIP	NAPLES FLORIDA	,	
1II.F		[] DELETE	41 TITLE	057	Change Addition	
NAMI			4.2 NAME	1 11	neso	
STREET ADDRESS			4.3 STREET ADDRESS	6950 HUNTERS	ORIVE	
Crty - ST - ZIP			4.4 C(TY - ST~ ZIP	NAPLES FL	9399 34109	
TILE		☐ DELETE	5.1 TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CdY+SI+ZIP			5.4 CITY-ST-ZIP			
1111[☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C-13 - S1 - ZIP			6.4 CITY-ST-7IP			
	L.,		···			

14. I do hereby cerely 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 circulate 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.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/97 (113) 789-628

FILED

Mar 11 1997 8:00am

Secretary of State