

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90309 001 *1,350.00

DOCUMENT # K93328

Corporation Name
GLADES HOTEL CORPORATION



Principal Place of Business

LINTON BLVD.
C-9
BEACH FL 33444

Mailing Address

1000 MARKET STREET
BLDG 1
PORTSMOUTH NH 03802
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country
25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

Zip Country

30

9. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H.
1745 NORTH CONGRESS AVE
BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified

06/06/1989

4. FEI Number

65-0123186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

FILE ☐ DELETE

NAME
BERGER, ANDREW
STREET ADDRESS
1100 LINTON BLVD., STE. C-9
CITY-ST-ZIP
DELRAY BEACH FL

FILE ☐ DELETE

NAME
GREENE, DOUGLAS
STREET ADDRESS
1000 MARKET STREET BLDG 1
CITY-ST-ZIP
PORTSMOUTH NH

FILE ☐ DELETE

NAME
MCMURRAIN, THOMAS T.
STREET ADDRESS
1100 LINTON BLVD., STE. C-9
CITY-ST-ZIP
DELRAY BEACH FL

FILE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

603 559 2100

CR2E034 (11/98)