,	ED LIABILITY COMPAN ANNUAL REPORT 1999		Kath Sec DIVISION (PARTMENT OF STATE nerine Harris retary of State DF CORPORATIONS	J 99 MAR	TILED 22 AM 8: 33
\$ 188.		yable To: FLOR	IDA DEPAR	on Supplemental Fed RTMENT OF STATE 000000823	<u>•</u>	ANCE OF SEALE SSEE, FLORIDA
]	DAYTONA INN L. 307 SOUTH 21ST HOLLYWOOD FL 3	AVENUE			-03	1ST AVENUE
2 Principal Place of Business 2a. Mail		ng Address		3. Date Organized or Qual	ified 3a. State of Formation	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt #, etc.		06/18/1998	FL
City & State		City & St	City 8 State		4. FEI Number	Applied For
Ony a ora		Only & On			59-3516: 5. Date of Last Report	Not Applicable 6. Certificate of Status Desired
Zip	Country	Zip		Country		\$8.75 Additional Fee Required
***************************************	7. Name and Address of	Current Registered	Agent	8.	Name and Address of New I	Registered Agent/Office
C/O : 2080	, GARY A ESQ. BEDZOW, KORN, 3 BISCAYNE BLV TURA FL 33180			Suite, Apt. #, et		AVENUE Zip Code
C/O 2080 AVEN' 9. Pursua its register as register	BEDZOW, KORN, 3 BISCAYNE BLV TURA FL 33180 ant to the provisions of Sections	D., SUITE 508.416 and 608.508 oily, in the State of Flotions	200 , Florida Staturida Such chai	P. Street Address SO 7 Suite. Apt. #, et	SOUTH 2)51 Company submits this lalive vote of a majority of the me	AVENUE Zip Code 3 3 0 0 0 statement for the purpose of changing
C/O 2080 AVEN 9. Pursua its register as register SIGNATU	BEDZOW, KORN, 3 BISCAYNE BLV TURA FL 33180 ant to the provisions of Sections	D., SUITE 508,416 and 608,508 60th, in the State of Flotions A reporting August Inches (f) Managers	Florida Staturida Such char	Street Address 307 Suite. Apt #, et City City The above-named limite nge was authorized by affirm Business Street Address	SOUTH 9151 C. VEXAD d liability company submits this lalive vote of a majority of the me	AVCIVUE Zip Code 3 30 3 0 statement for the purpose of changing imbers. Thereby accept the appointment of the statement of the statement of the purpose of changing imbers. Thereby accept the appointment of the statement of t
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