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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15714

(2)

HOTEL PROPERTIES, INC.

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Mailing Address

## FILED Mar 27 1998 8:00am Secretary of State



901 MAYS LANDING ROAD SOMERS POINT NJ 08244 US			901 MAYS LANDING ROAD Somers point nj 09244 Us		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 05/21/1985		
2. Principal P	lace of Business	2a. Mailing Address		, ,	4. FEI Number	Applied For	
21		26			59-2540418	Not Applicable	
Suite, Apt. #, etc.		<u>├</u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State		— <u> </u>	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip	Country	<b>28</b> Zip	Cour	nter.	Trust Fund Contribution	Added to Fees	
24	25	29	Zip Country		<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>	irrent year Intangible ☐ Yes ☑ No	
24	9. Name and Address of C		30		10. Name and Address of New Registered		
GA.	TTI, EUGENE			81 Name			
32 ST GEORGE PLACE							
PALM BEACH GARDENS FL 33418				82 Street Address (P.O. Box Number is Not Acceptable)			
			•	83			
				21 01			
				B4 City	FL	85 Zip Code	
office or r	e <b>gistere</b> d agent, or both, in the	7.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.050	vas authorized	by the corpora	rporation submits this statement for the purpose cation's board of directors. I hereby accept the app	f changing its registered pointment as registered	
SIGNATURE			o, ( 10110a 01aii				
SIGNATORE	Signature, typed or printed name of registe	red agent and title if applicable	(NOTE: Registered	Agent signature requ	uired when reinstating) DATE		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	AATTI EUNENEV	DELETE	1.1 TIT	.E		Change Addition	
NAME	GATTI, EUGENE V. 32 ST GEORGE PLACE		1.2 NA	AE			
STREET ADDRESS	PALM BEACH GARDENS	EL 22410	1.3 STF	EET ADORESS			
CITY-ST-ZIP	PALM DEACH GARDENS			Y-ST-ZIP			
THILE		DELETE				☐ Change ☐ Addition	
NAME			2.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE	<del></del>	DELETE	_	Y-ST-ZIP			
NAME		☐ Detei¢				☐ Change ☐ Addition	
STREET ADDRESS			3.2 NA	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE				☐ Change ☐ Addition	
NAME			4. 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				/-ST-ZIP			
TITLE		☐ DELET <b>E</b>				☐ Change ☐ Addition	
NAME			5.2 NA	(E		-	
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP				'- ST - ZIP			
TITLE		☐ DELETE	6.1 TITU			Change Addition	
NAME			6.2 NAM	16			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	'-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 accument with an address.

1/1/20 d. 10