**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M28304** **(7)**

1. Corporation Name

**TYLER HOTEL CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DAVID PEARLSON<br>2000 PARK AVE.<br>MIAMI BEACH FL 33139 | C/O DAVID PEARLSON<br>2000 PARK AVE.<br>MIAMI BEACH FL 33139 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / County 30 |

3. Date Incorporated or Qualified: **03/04/1986**

3a. Date of Last Report: **05/10/1995**

4. FEI Number: **59-2676852** ☐ 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 has Liability for Taxes under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEARLSON, DAVID**
**2030 PARK AVE**
**S-802**
**MIAMI BEACH FL 33139**

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

11. Pursuant to the provisions of Section 607.1905 and 620.2105, 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. Signature(s) is 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PTD | ☐ DELETE |
| NAME | PEARLSON, DAVID T. | |
| STREET ADDRESS | 2000 PARK AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | VPD | ☐ DELETE |
| NAME | PEARLSON, AMY L. | |
| STREET ADDRESS | 2000 PARK AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 45 TITLE | ☐ Change ☐ Addition |
| 46 NAME | |
| 47 STREET ADDRESS | |
| 48 CITY-ST-ZIP | |
| 49 TITLE | ☐ Change ☐ Addition |
| 50 NAME | |
| 51 STREET ADDRESS | |
| 52 CITY-ST-ZIP | |
| 53 TITLE | ☐ Change ☐ Addition |
| 54 NAME | |
| 55 STREET ADDRESS | |
| 56 CITY-ST-ZIP | |
| 57 TITLE | ☐ Change ☐ Addition |
| 58 NAME | |
| 59 STREET ADDRESS | |
| 60 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and is in compliance with all applicable requirements of Chapters 607, 617, 620 and 621, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my signature and 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 Chapters 607, 617, 620 and 621, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an X next to it.

**SIGNATURE:** Amy Pearlson 3.25.96 534-2114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number