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ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:13

DOCUMENT # M44145 (4)

1. Corporation Name
URBANDALE PALM BEACH HOTELS, INC.

Principal Place of Business	Mailing Address
% LAZ L. SCHNEIDER 307 LAKE AVE. LAKE WORTH FL 33460	% LAZ L. SCHNEIDER 307 LAKE AVE. LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 307 Lake Avenue	26 307 Lake Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Worth, FL	28 City & State: Lake Worth, FL
24 Zip: 33460 / 25 Country: USA	29 Zip: 33460 / 30 Country: USA

3. Date Incorporated or Qualified: 12/31/1986
3a. Date of Last Report: 01/24/1994
4. FEI Number: 65-0032400 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNEIDER, LAZ L. 600 CORPORATE DRIVE SUITE 400 FT. LAUDERDALE FL 33310	81 Name: Daryl B. Cramer 82 Street Address (P.O. Box Number is Not Acceptable): 625 North Flagler Drive 83 Ninth Floor 84 City: West Palm Beach FL 85 Zip Code: 33401

11. 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] DATE 4/2/95

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	SACHS, S. LYON	1.2 NAME	
STREET ADDRESS	307 LAKE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SACHS, S. LYON	2.2 NAME	
STREET ADDRESS	307 LAKE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] LYON S. SACHS 2/14/95 407-585-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200500 CP