


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 JUL 30 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # M72142 (6)

1. Corporation Name
FLORIDA'S ROOM SERVICE, INC.

Principal Place of Business 5750 MAJOR BLVD., #108 ORLANDO FL 32819	Mailing Address 5750 MAJOR BLVD., #108 ORLANDO FL 32819
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5827 Caravan Ct. Suite, Apt. #, etc.	2a. Mailing Address 26 5615 Spring Run Ave. Suite, Apt. #, etc.
22 City & State 23 Orlando	28 City & State Orlando
24 Zip 32819 Country US	29 Zip 32819 Country US

3. Date Incorporated or Qualified 03/10/1988	3a. Date of Last Report 01/26/1996
4. FEI Number 59-2883716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEVIN, FRED
5615 SPRING RUN AVE.
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Fred Levin* DATE **7-25-97**

Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	LEVIN, FRED
STREET ADDRESS	5750 MAJOR BLVD.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fred Levin
1.3 STREET ADDRESS	5615 Spring Run Ave.
1.4 CITY-ST-ZIP	Orlando, FL 32819
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900002257819--0
 08/05/97 01042-003
 ***165.00 ***165.00

WESP 7/20/97

14. I do 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.

SIGNATURE *Fred Levin* DATE **7-25-97**

CR2E034 (4/97)



FLORIDA'S ROOM SERVICE

"Discount Hotel Rates Across Florida"

②

7-25-97

To whom it May Concern,

I never received the first filing fee request. All I can think of is that we re-located our office and the mail wasn't forwarded to us. I've always filed on time. The \$385. late fee would be cruel punishment as I am just a small business. Please forgive.

Thankyou,

Fred Levin

P.S. if necessary I can get a letter from the postal service attesting to the fact that mail delivery to our 5750 office was interrupted due to renovation, demolition, etc. of building.