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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 30 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MA4947**

1. Corporation Name

North Bird, Inc. Formerly
Essex House Hotel, Inc.

Principal Place of Business

4601 Sheridan Street
Suite 500
Hollywood, FL 33021

Mailing Address

c/o Bernard R. Martin
362 Central Avenue
Pawtucket, RI 02860

3. Date Incorporated or Qualified

8/18/1988

3a. Date of Last Report

5/26/96

2. Principal Place of Business

21 4601 Sheridan Street

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Hollywood, FL

Zip

24 33021

Country

25 USA

2a. Mailing Address

26 362 Central Avenue

Suite, Apt. #, etc.

27

City & State

28 Pawtucket, RI

Zip

29 02860

Country

30 USA

4. FEI Number

65-0082440

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Jerome A. Simons
4601 Sheridan Street
Suite 500
Hollywood, FL 33021

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 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 *Bernard R. Martin*
Signature typed or printed name of registered agent and file if applicable

Bernard R. Martin, President

6/23/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PSD
STREET ADDRESS Martin, Bernard R.
CITY-ST-ZIP 362 Central Avenue
Pawtucket, RI 02860

TITLE ☐ DELETE
NAME D
STREET ADDRESS Martin, Michael J.
CITY-ST-ZIP 19 Bridle Drive
Lincoln, RI 02865

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 400002233064
1.3 STREET ADDRESS -07/08/97--01076--005
1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Bernard R. Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard R. Martin, President

6/23/97

(401) 723-4012

CR2E034 (9/96)