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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02733

MINNESOTA HOTEL COMPANY, INC.

Principal Place	e of Business		Mailing Address								
3210 BELT LINE RD			3210 BELT LINE RD								
SUITE 140			SUITE 140			DO NOT WRITE IN THIS SPACE					
DALLAS TX 75234 US			DALLAS TX 75234 US			3. Date Incorporated or Qualifed					
03			00					7/17/1984			
2. Principal Pl	lace of Business		2a. Mailing Address					El Number			Applied For
21			26			3	3-0017621			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt.#, etc.				ertifcate of Status Desired	<u>п</u>		5-Additional	
22			27			3 . C	entificate of Status Desired		Fee	Required	
City & State			City & State			6. E	lection Campaign Financing	,		May Be	
23			28			Tı	rust Fund Contribution		Adde	d to Fees	
Zip		Country	Zip	_	intry			his corporation owes the cu	irrent year In		∑ No
24	25		29	30				Personal Property Tax.	Desistered	Yes	
	9. Name and	Address of Current	Registered Agent		81	Name	10. N	lame and Address of New	Registered	Agent	
CDA	SSER, PAUL R.				"	Marile					
1				8		Street Add	tress (P.O). Box Number is Not Accep	table)		
8875 HIDDEN RIVER PARKWAY SUITE 300				83							
	PA FL 33637				83						
i i vani	r A 1 C 33031				84	City			FI	85 Zi	ip Code
			2 - 1 CO7 4500 Florid- Cto	tutos the e	bovo.	named con	noration e	submits this statement for the		f changing	its registered
office or r	enistered anent i	or both in the State o	nt Florida. Such change was	s autnorized	D DV LT	ne corporati	tion's boar	rd of directors. I hereby acc	ept the appo	ointment as	registered
agent. I a	ım familiar with, a	nd accept the obligati	ions of, Section 607.0505, F	Florida Stat	utes.						J
01011471100											
SIGNATURE			A sign of manifestation (A)	OTE: Populary	Agent	eigneture requir	red when reins	estation)	DATE		
	Signature, typed or prin	nted name of registered agent		OTE Registered	Agent :	signature require				ND DIREC	TORS IN 12
12.		of the of registered agent OFFICERS AND		_ _		signature require		stating) DDITIONS/CHANGES TO C		ND DIREC	
12. πτιε	DP	OFFICERS AND	DIRECTORS	13.	TLE	signature require					
12. TITLE NAME	DP GREENWALD	OFFICERS AND	DIRECTORS	13. 11 Ti 1.2 N	TLE AME						
12. TITLE NAME STREET ADDRESS	DP GREENWALD 3210 BELTLIN	OFFICERS AND , MICHAEL R. IE RD, #140	DIRECTORS	13. 11TI 12N 1.3 S	TLE AME TREET A	ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENWALD, 3210 BELTLIN DALLAS TX 7	OFFICERS AND , MICHAEL R. IE RD, #140	DIRECTORS	13. 11TI 12N 1.3 S	TLE AME TREET A	ADDRESS					je 🗌 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GREENWALD, 3210 BELTLIN DALLAS TX 7 DS	OFFICERS ANI , MICHAEL R. IE RD, #140 5234	D DIRECTORS	13. 11 TI 1.2 N 1.3 S	TLE AME TREET A ITY-ST-	ADDRESS				Chang	je 🗌 Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	DP GREENWALD 3210 BELTLIN DALLAS TX 7 DS ROCHE, CHR	OFFICERS ANI , MICHAEL R. IE RD, #140 5234 ISTINE M	D DIRECTORS DELETE	13. 11 TI 1.2 N 1.3 S 1.4 C 2.1 TI	TLE AME TREET A ITY-ST- ITLE AME	ADDRESS				Chang	je 🗌 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP GREENWALD 3210 BELTLIN DALLAS TX 7 DS ROCHE, CHR 3210 BELT LI	OFFICERS ANI , MICHAEL R. IE RD, #140 5234	D DIRECTORS DELETE	13. 11 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TLE AME TREET A ITY-ST- ITLE AME	ADDRESS ZIP ADDRESS				Chang	ge Addition
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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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

COCKE

2800300

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90211 005 ***150.00