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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

DOCUMENT # P12490

1. Corporation Name

BELZ HOTEL MANAGEMENT CO., INC.

Principal Place	e of Business	Mailing Address	_		\dashv	110	E)	ITATE NIRIA INI		1011 #400 DIBN	AIST BIRTH FEBT
100 PEABODY		100 PEABODY PLACE									
STE 1400		STE 1400			ļ						
		MEMPHIS TN 38103				DO NOT WRITE IN THIS SPACE					
US		U\$				3. Date Inc. 12/12/	corporated or	r Qualifed			
O Different D	the se of Dunings	2a. Mailing Address	····			4. FEI Nun					pplied For
⊢ , '	lace of Business	<u> </u>				62-11	1.5			- ⊢-	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	0 <u>2</u> 1 1	31 300		·• · · · · · · · · · · · · · · · · · ·		Additional
22		27				5. Certifcal	e of Status I	Desired		•	equired
City & State		City & State				6, Election	Campaign F	Financing		\$5.00	May Be
23		28					ind Contribut			-	to Fees
Zip Country		Zip Country				8. This cor	poration owe	es the curre	ent year Int	angible	
24	25	29	30				Property T			Yes	□No
	9. Name and Address of Curr	ent Registered Agent			1	IO. Name a	nd Address	of New R	legistered	Agent	
OT 6	CONCORTANT OVOTER		81	Name							
• • •	CORPORATION SYSTEM		82	Street	Address	(P.O. Box I	Number is N	lot Accepta	ıble)		
	S. PINE ISLAND ROAD					`		<u> </u>			
PLAN	NTATION FL 33324		83								
			84	City			,		FL	85 Zip	Code
			- 41 1			tion outproite	thic statem	ont for the		changing it	e registered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat	te of Florida. Such change was au	ithorized by	the corpo	corpora oration's	board of di	rectors. I he	reby accep	ot the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes								
SIGNATURE		WOTE			-	on sainetating)			DATE		
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	Registered Agen	nt signature r	equired wh		NS/CHANGI	ES TO OF	DATE FICERS AN	ND DIRECT	ORS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	nt signature r	equired wh		NS/CHANGI	ES TO OF		ND DIRECT	ORS IN 12
12.	OFFICERS A	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE	nt signature r		ADDITIO			FICERS AN		
12. TITLE NAME	PD BELZ, MARTIN S.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			ADDITIO			FICERS AN		
12. TITLE NAME STREET ADDRESS	PD BELZ, MARTIN S. 530 OAK COURT #300	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS	100	ADDITIO Peabooks	Place	She Mod	FICERS AN		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BELZ, MARTIN S. 530 DAK COURT #300 MEMPHIS TN STD WILLIAMS, JIMMIE D.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS T-ZIP	100 Men	Perbudy phis 7	Place N 381	Ste 1400 03	FICERS AN	Change	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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

:R2E034 (11/9)