FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P23292

(6)

THE PLAZA HOTEL COMPANY

FILED
Apr 16 1997 8:00am
Secretary of State



28. Mailing Address 29. Mailing Address 20. Mailing Address 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. City & State 22. City & State 23. Country 24. 25. 29. 30. Country 25. 29. 30. Rome and Address of Current Registered Agent 29. Name and Address of New Registered Agent 20. Country Country 21. Cov ponation 22. Street Address (P.O. Box Number is Not Acceptable) 23. Street Address (P.O. Box Number is Not Acceptable) 24. City & Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees cunder s. 199.032, No
ATLANTA GA 30326 US 3. Date Incorporated or Qualified 05/01/ 4. FEI Number 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees cunder s. 199.032, No ent By Zip Code
28. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Country 29. South, Apt. #, etc. 29. Country 21. Country 29. Country 29. Country 29. South & State 20. Country 20. Country 21. Country 22. Country 23. Country 24. Country 25. 29. 30. Rise corporation has liability for intangible tax Florida Statutes 29. Name and Address of Current Registered Agent 29. Name and Address of New Registered Agent 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees cunder s. 199.032, No ent By Zip Code
2. Principal Flace of Business 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. Suite, Apt. #, etc. 2c. City & State City & State City & State City & State Country Zip Country 2d Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Suite, Apt. #, etc. City & State Country Zip Country Suite, Apt. #, etc. City & State Country Zip Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees cunder s. 199.032, No ent Zip Code
Suite, Apt #, etc Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Sinis corporation has liability for intangible tax Florida Statutes Florida Statutes Provide Statutes Name and Address of Current Registered Agent Sinis corporation has liability for intangible tax Florida Statutes Florida Statutes Name and Address of New Registered Agent Sinis corporation has liability for intangible tax Florida Statutes Florida Statutes Name and Address of New Registered Agent Sinis Corporation has liability for intangible tax Florida Statutes Florida Statutes Sinis Corporation has liability for intangible tax Florida Statutes Florida Statutes Sinis Corporation has liability for intangible tax Florida Statutes Florida Statutes Sinis Corporation has liability for intangible tax Florida Statutes Florida Statutes Sinis Corporation has liability for intangible tax Florida Statutes Florida Statutes Florida Statutes Sinis Corporation has liability for intangible tax Florida Statutes Florida Statutes Florida Statutes Florida Statutes Sinis Corporation has liability for intangible tax Florida Statutes Florida S	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees k under s. 199.032, No ent Zip Code
5. Certificate of Status Desired City 8 State Country Zip Country Zip Country Zip Country S. This corporation has liability for intangible tax Florida Statutes S. Name and Address of Current Registered Agent C.T. Corporation Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	\$5.00 May Be Added to Fees s under s. 199.032, No ent Zip Code
City & State City & State 28 Trust Fund Contribution Trust Fund Con	Added to Fees k under s. 199.032, No ent Zip Code
Trust Fund Contribution Zip	Added to Fees k under s. 199.032, No ent Zip Code
24 25 29 30 Florida Statutes I Yes I 19. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Corporation 12. Corporation 13. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address (P.O. Box Number is Not Acceptable) 84. City	B5 Zip Code
9. Name and Address of Current Registered Agent C.T. Corporation 1200 South Pine Island Road B1 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	B5 Zip Code
C.T. Corporation 1200 South Pine Island Road 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	85 Zip Code
1200 South Pine Island Road Blantation, 31. 33324 Blantation, 31. 33324 Blantation Street Address (P.O. Box Number is Not Acceptable) Blantation Street Address (P.O. Box Number is Not Acceptable) Blantation Street Address (P.O. Box Number is Not Acceptable)	panging its registered
Blantation, 21. 33324 Blantation, 21. 33324 Blantation Street Address (P.O. Box Number is Not Acceptable) Blantation Street Address (P.O. Box Number is Not Acceptable) Blantation Street Address (P.O. Box Number is Not Acceptable)	panging its registered
8 lantation, 21. 33324	panging its registered
(y (antation, 91. 33324)	panging its registered
	panging its registered
FL	nanging its registered tment as registered
agent Tamifamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Type of or printed frame of tregistered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
77	Change
HAME WILLIAMSON, BOB 1.2 NAME	
STREET ADDRESS 3343 PEACHTREE RD., STE 1425 1.3 STREET ADDRESS	
CITY STATE ATLANTA GA 14 CITY-ST-ZIP THE STD Progradent DELETE 21 TITLE President	Change Addition
MATE WHATLEY, W. WAYNE 22 NAME	1 crande
STATE LADIDITIES 3343 PEACHTREE RD, STE 1425 23 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 2.4 CITY-ST-ZIP	
THE DELETE 3.1 TILE Secretary Treas	Change Addition
SINTET ACTORESS 3.2 NAME 3.3 STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS	
SIFIET ACCORESS 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS	J
34.CITY-ST-ZIP A-HANTA, G7A- 30326	
	Change Addition
HAME 4.2 NAME Front C. Harolen	{
STREET ADDRESS 3343 Peach trecks CITY ST-72P At 1991 to GA 3053 to	
11.6 DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
6/1Y-S1-7/P 5.4 CITY-S1-2IP	
	Change Addition
NAME. 6.2 NAME	
STHEET ACCIPIESS 6.3 STREET ADDRESS	
Out of AP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 ce	

Lam 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.