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Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90014 028 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P23292 1. Corporation Name

Principal Place of Business

THE PLAZA HOTEL COMPANY

| 3343 PEACHTREE RD. STE 1425 ATLANTA GA 30326 | | 3343 PEACHTREE RD. STE 1425 ATLANTA GA 30326 US | | | DO NOT | WRITE IN THIS | SPACI | E | | |
|---|------------------------------|--|-------------------------|-------|---|---|----------------|-------|-------|--------------|
| US US | | | | | 3. Date incorporated or Qualifed 03/06/1989 | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Ap | olied For |
| 21 | | 26 | | | | 58-1705011 | | | Not | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desir | red 🗆 | | | dditional |
| 22 | | 27 | | | | 3. Cormodic or Citatas Boss | | Fe | ee Re | quired |
| City & State | | City & State | | | | 6. Election Campaign Finan | cing 🗆 | | | May Be |
| 23 | | 28 | · | | | Trust Fund Contribution | | - | | Fees |
| Zip | Country | Zip | Country | 1 | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 3 | 0 | | | Personal Property Tax. Yes No 10. Name and Address of New Registered Agent | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | T | Name | 10. Name and Address of F | New Registered | Agent | | |
| CTC | CORP SYSTEMS | | " | ' | Maillo | | | | | |
| | S PINE ISLAND RD | | 82 Street Ad | | | ss (P.O. Box Number is Not Ad | cceptable) | | | |
| PLANTATION FL 33324 | | | 83 | +- | | | | | | |
| | | | | | | | | | | |
| | | | 84 | | City | | FL | 85 | Zip C | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered) | | | | | signature required | | DATE | | | |
| 12. | | ND DIRECTORS | 13. | _ | | ADDITIONS/CHANGES TO | O OFFICERS AN | | | |
| TITLE | EVPD | ☐ DELETE | 1.1 TITLE | | | | | Ch | ange | ☐ Addition |
| NAME | HARALSON, FRANK | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 3343 PEACHTREE RD | | 1.3 STREET | TAE | DDRESS | | | | | |
| CITY-ST-ZIP | ATLANTA GA | | 1.4 CITY-ST-ZIP | | ZIP | | | | | C Addising |
| TITLE | _ | | 2.1 TITLE | | | | | ☐ Ch | ange | ☐ Addition |
| NAME | WHATLEY, W. WAYNE | | 2.2 NAME | | į | | | | | |
| STREET ADDRESS | 3343 PEACHTREE RD, STE 14 | 125 | 2.3 STREE | TAE. | DORESS | | | | | |
| CITY-ST-ZIP | ATLANTA GA | | 2.4 CITY-5 | ST- 7 | ZIP | | | | | □ Addition |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | | Ì | | | ☐ Ch. | ange | ☐ Addition |
| NAME | LAZARUS, BRENDA | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 3343 PEACHTREE RD | | 3.3 STREET | TAE | DDRESS | | | | | |
| CITY-ST-ZIP | ATLANTA GA | | 3.4. CITY-S | ST-Z | ZIP | | | | | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | Ch | ange | Addition |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | t-Z | ZIP | | | ☐ Ch | | Addition |
| TITLE | | ☐ DELETÉ | 5.1 TITLE | | | | | LIGH | anye | ☐ Madigali |
| NAME | | | 5.2 NAME | | DDBESS | | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | | | | į |
| CITY-ST-ZIP | | [] perete | 5.4 CITY-S 6.1 TITLE | 11-Z | ZIY | | | ☐ Ch | | Addition |
| TITLE | | ☐ DELETE | 6.2 NAME | | | | | ᆸᅜ | unge | ["] \u000001 |
| NAME | 1 | | 0.2 NAME | | | | | | | |

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

STREET ADDRESS

CITY-ST-ZIP