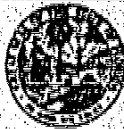


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:12

DOCUMENT # P27620

(4)

1. Corporation Name

SELDOM REST. INC.

Principal Place of Business

99 WEST PACES FERRY RD., N.W.
STE. 200
ATLANTA GA 30305

Mailing Address

99 WEST PACES FERRY RD., N.W.
STE. 200
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1990

3b. Date of Last Report

02/01/1994

4. FEI Number

58-1307441

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VON BRAUN, LUITPOLD**
STREET ADDRESS **99 W. PACES FERRY RD.,NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE **V**
NAME **MITTELSTRASS, CLAUS**
STREET ADDRESS **99 W. PACES FERRY RD.,NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE **VS**
NAME **COFER, CARL H.**
STREET ADDRESS **99 W. PACES FERRY RD.,NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE **VT**
NAME **VON BECKEDORFF, JOBST**
STREET ADDRESS **99 W. PACES FERRY RD.,NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE **M**
NAME **BAILEY, JOHN S.**
STREET ADDRESS **99 W. PACES FERRY RD.,NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE **AS**
NAME **ROGERS, ROBIN R.**
STREET ADDRESS **99 W. PACES FERRY RD., N**
CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Schall-Riaucour, Georg Graf**
1.3 STREET ADDRESS **99 W. Paces Ferry Rd., NW**
1.4 CITY-ST-ZIP **Atlanta, GA 30305**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

John S. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95
Date

(912) 524-5720
Telephone Number