

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90181 008 \*\*\*150.00

DOCUMENT # P30193

1. Corporation Name

CHARLOTTE HOSPITALITY EMPLOYER, INC.

Principal Place of Business

12755 STATE HIGHWAY 55  
MINNEAPOLIS MN 55441

Mailing Address

P. O. BOX 59159  
ATTN: TAX DEPT.  
MINNEAPOLIS MN 55459-8250  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1990

4. FEI Number

56-1153240

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME  
PCED  
STAGE, BRIAN  
STREET ADDRESS  
12755 STATE HWY 55  
CITY-ST-ZIP  
MINNEAPOLIS MN 55441

TITLE ☐ DELETE

NAME  
SD  
BERKWITZ, ROBERT S.  
STREET ADDRESS  
12755 STATE HWY 55  
CITY-ST-ZIP  
MINNEAPOLIS MN

TITLE ☐ DELETE

NAME  
VP  
HAMANN, DARREL  
STREET ADDRESS  
12755 STATE HWY 55  
CITY-ST-ZIP  
MINNEAPOLIS MN

TITLE ☒ DELETE

NAME  
D  
CARLSON, C. L.  
STREET ADDRESS  
12755 STATE HWY 55  
CITY-ST-ZIP  
MINNEAPOLIS MN

TITLE ☐ DELETE

NAME  
AS  
HOGAN, GERALD W  
STREET ADDRESS  
12755 STATE HWY 55  
CITY-ST-ZIP  
MINNEAPOLIS MN

TITLE ☐ DELETE

NAME  
VPT  
DIRACLES, J. M. J  
STREET ADDRESS  
12755 STATE HWY 55  
CITY-ST-ZIP  
MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

D  
Nelson, Curtis C.  
12755 State Hwy 55  
Minneapolis MN 55441

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 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

Darrel M. Hamann 428-99 612-212-2920

Date

Daytime Phone #

CR2E034 (11/98)