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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90146 015 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P31759**

1. Corporation Name

**DELRAY BEACH HOTEL CORP.**

Principal Place of Business

**400 SOUTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483**

Mailing Address

**400 SOUTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/13/1990**

4. FEI Number

**16-1383635**

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

**21 300 BAUSCH & LOMB PL**

2a. Mailing Address

**26 300 BAUSCH & LOMB PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 ROCHESTER NY**

City & State

**28 ROCHESTER NY**

Zip

Country

**24 14604 25 US**

Zip

Country

**29 14604 30 US**

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 ☐ DELETE

**S  
LOCKWOOD, ALAN S  
7271 RAWSON ROAD  
VICTOR NY**

TITLE ☐ DELETE

**VDT  
PEEK, RALPH L.  
204 GEBHARDT ROAD  
PENFIELD NY**

TITLE ☐ DELETE

**DP  
SAHS, BRUCE A.  
598 LIST AVE.  
ROCHESTER NY**

TITLE ☐ DELETE

**CD  
WILSON, E. ANTHONY  
14 ELMWOOD HILL LANE  
ROCHESTER NY**

TITLE ☐ DELETE

**AS  
KOLCIO, TARAS M  
269 BROCKLEY RD  
ROCHESTER NY**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED

1/6/99 (716) 454-3400

CR2E034 (1/98)