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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P31977

(2)

HLC HOTELS, INC.

Principal Place of Business 7080 ABERCORN STREET

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

7090 ABERCORN STREET SAVANNAH GA 31406

FILED May 19 1998 8:00am Secretary of State



SAVANNAH GA 31406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1870519 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ∏ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE. Signature, typied or printed nature of regetter diagent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE HAMMOND, J. ROGER 1.2 NAME NAME 7080 ABERCORN STREET STREET ADDRESS 1.3 STREET ADDRESS **SAVANNAH GA** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition TITLE 2.1 TITLE **AIMONE, CHARLES M.** NAME 22 NAME 7080 ABERCORN STREET STREET ADDRESS 2.3 STREFT ADDRESS **SAVANNAH GA** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Channe Addition TETLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CitY-SI-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. Thereby 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 of 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 hment with an address

6.3 STREET ADDRESS

4/20/08

6.4 CITY - ST-ZIP