

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # P93000006157 (0)

1. Corporation Name

HOTEL SERVICES COMPANY

Principal Place of Business

1555 PALM BEACH LAKES BLVD.
STE. 1100
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD.
STE. 1100
WEST PALM BEACH FL 33401

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ECCLESTONE, E. L JR.
1555 PALM BEACH LAKES BLVD.
STE. 1100
W. PALM BEACH FL 33401

3. Date Incorporated or Qualified
01/21/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0385972

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

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 their applicable

(NOTE: Registered Agent's signature is required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ECCLESTONE, E. L JR.
STREET ADDRESS 1555 PALM BEACH LAKES BLVD., STE. 1100
CITY-STATE-ZIP W. PALM BEACH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VTD
NAME COOPER, RON
STREET ADDRESS 1555 PALM BEACH LAKES BLVD., STE. 1100
CITY-STATE-ZIP W. PALM BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE S
NAME LEYENDECKER, HELENA
STREET ADDRESS 1555 PALM BEACH LAKES BLVD
CITY-STATE-ZIP WEST PALM BEACH FL

☐ DELETE

3.1 TITLE V/S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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: Ron Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/1/96 407/686-2000
Date Daytime Phone #

CR2E034 (12/95)