

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:42

DOCUMENT # P93000042087 (5)

1. Corporation Name

HOTEL CITI CLUB FLORIDA, INC.

Principal Place of Business

Mailing Address

333 TAMiami TRAIL NORTH
STE. 204
SARASOTA FL 34236
US

333 TAMiami TRAIL NORTH
STE. 204
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0429461

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN AND
GINSBURG, P.A. (CHRISTOPHER K. CASWELL)
2033 MAIN ST., SUITE 600
SARASOTA FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LANQUE, YVES
STREET ADDRESS 50 DE SANARY
CITY-ST-ZIP GATINEAU, ONTARIO J8T-7N9

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

3 RUE MARINIER
GATINEAU Quebec J8Y 6E7

☒ Change ☐ Addition

TITLE D
NAME LANQUE, MARC
STREET ADDRESS 3 RUE MARINIER
CITY-ST-ZIP HULL QU

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

HULL QUEBEC, J8Y 6E7

☒ Change ☐ Addition

TITLE D
NAME SAIKALEY, JASON
STREET ADDRESS 185 HUNTRIDGE PRIVATE
CITY-ST-ZIP OTTAWA ON

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SAIKALEY, JASON
OTTAWA, ONTARIO K1V 9J3

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 190.01(1)(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:

Jason SAIKALEY
SIGNATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER OR DIRECTOR

Jan 11 1995
DATE