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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000042087

HOTEL CITI CLUB FLORIDA, INC.

Principal Place of	Business	Mailing Address	····			SIB SEBUE BROIDE SIDSEE ER DE FRANC
333 TAMIAMI TRAIL	NORTH	333 TAMIAMI TRAIL NOR	TH			
STE: 204		STE. 204				٠
SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE	
U\$		US			3. Date Incorporated or Qualifed	
*:					06/14/1993	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0429461	Not Applicable
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		27			G. 351113413 5.51113	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	`		Trust Fund Contribution	Added to Fees
Zip ,	Country	Zip		untry	8. This corporation owes the current year Intang	
24	25	[29]	30	T	Totalian Topany Tam]Yes □No
9	. Name and Address of Currer	t Registered Agent		04 1	10. Name and Address of New Registered Ag	jent
	MERRILL CULLIS TIMM FU	PEN AND		81 Name	• •	
ICARD, MERRILL, CULLIS, TIMM, FUREN AND				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
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SARASC	JIA FL			84 City	4 (1984 he s. 18 (1994 fin) file state (1994 fine 1994 file	85 Zip Code
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office or regist	te provisions of Sections 607.050 tered agent, or both, in the State miliar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of Section 607.0505. Fl	ites, the a authorized orida Stat	ibove-named corp d by the corporati tutes.	poration submits this statement for the purpose of ch ion's board of directors. I hereby accept the appointn	nent as registered
285	z. www.z.ua ababbi wa abaiga	1,17	orrad otal			
SIGNATURESigns	ature, typed or printed name of registered agei	nt and title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			
штё D					ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
NAME LA	NOUE, YVES *	DELETE	1.1 π	TLE .		DIRECTORS IN 12 Change Addition
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SIREE ADDRESS 10	17 KEELY LANE	[] DELETE	1.2 N			
ا م	17 KEELY LÄNE NRASOTA FL 34232	☐ DELETE	1.2 N/ 1.3 ST	AME		
	Arasota fl 34232	☐ DELETE	1.2 N/ 1.3 ST	AME TREET ADDRESS ITY-ST-ZIP	A5 (423 (8))	
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CITY-ST-ZIP SATITLE D NAME LA STREET ADDRESS 3	ARASOTA FL 34232 INOUE, MARC RUE MARINIER	DELETE	1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1	AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS	A5 (423 (8))	Change Addition
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14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90026 025 ***158.75

941-954-2008