FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT B.
~~1995~~ 1996

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

DOCUMENT # P93000058628 (7)

1. Corporation Name
HOSPITALITY GROUP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
PO BOX 430413 KISSIMMEE FL 34743	PO BOX 430413 KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 305 BLUE BAYOU DRIVE
22: Suite, Apt. #, etc
23: City & State: KISSIMMEE FLORIDA
24: Zip: 34743
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1341409 [ ] 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

9. Name and Address of Current Registered Agent

~~SVEJDA, PAUL J~~
~~101 W. CYPRESS ST.~~
~~SUITE C~~
~~KISSIMMEE FL 34741~~

10. Name and Address of New Registered Agent

81 Name: KEITH BRYANT
82 Street Address (P.O. Box Number is Not Acceptable): 305 BLUE BAYOU DRIVE
83:
84 City: KISSIMMEE FL 85 Zip Code: 34743

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: KEITH BRYANT (DIRECTOR) 30/APRIL 1996
(Signature, typed or printed name of registered agent, and date) (NOTE: Registered Agent signature required when filing this form.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR, PRESIDENT	☑ Change ☐ Addition
NAME	BRYANT, KEITH	1.2 NAME		
STREET ADDRESS	~~8536 SHADY GLEN DRIVE~~	1.3 STREET ADDRESS	305 BLUE BAYOU DRIVE	
CITY-ST-ZIP	~~ORLANDO FL 32819~~	1.4 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34743	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	~~SVEJDA, PAUL J~~	2.2 NAME	SVEJDA CANCELLED	
STREET ADDRESS	~~P.O. BOX 421488~~ N/A	2.3 STREET ADDRESS	(NO LONGER DIRECTOR)	
CITY-ST-ZIP	~~KISSIMMEE FL 34742~~	2.4 CITY-ST-ZIP		
TITLE	DIRECTOR B	3.1 TITLE	DIRECTOR, TREASURER	☐ Change ☑ Addition
NAME	CH	3.2 NAME	CHRISTINE BRYANT	
STREET ADDRESS		3.3 STREET ADDRESS	305 BLUE BAYOU DRIVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34743	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	100001817011	☐ Change ☐ Addition
NAME		5.2 NAME	-05/10/96--01040--005	
STREET ADDRESS		5.3 STREET ADDRESS	***438.75	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

5-1-96

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)(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 added above or on an attachment with an address.

SIGNATURE: 30 APRIL 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
KEITH BRYANT, DIRECTOR