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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

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 			••••	

1. Corporation BOME	BAY HOSPITALITY, INC.  of Business  st. 1420 Main St	Mailing Address - 1440 Main St. PO 9210- SARASOTA FL 34238	Bor 1974 Venice FL 34284 ~	3. Date Incorporated or Qualified	3a. Date of Last Report
			1974	09/07/1993	05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# olc	26   Suite, Apt. #, etc.		65-0432688	Not Applicable
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required
City & State City & State					
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curr	29	30		<b>☆</b> No
······································	9. Name and Address of Curr	ant negistereo Agent	81 Name	10. Name and Address of New F	legistered Agent
1440 M #210 — SARAS	OTA FL 34236	02 and 6 N. 15 G. Florida Statute	83 53 84 City	HARRY WALIA Address (P.O. Box Number is Not Acceptate  Proposation submits the chargest for the authority submits the chargest for the authority and a submits a sub	Sult FL 85 34585
or register familiar wit SIGNATURE	ed agent, or both, in the SiA to Flo th, and accept the obligations of the Signature speed or printed research or and legi-	.0300, Joha Staliates.	FE: Rugistered Agenit signature r		30.96
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	WALIA, HARRY S	La percit	1.2 NAME	Harry Walla # # =	CCERS AND DIRECTORS IN 12  Change Addition  Change Addition
STREET ADDRESS	2120 PRINCETON ST.		13 STREET ADDRESS	1489 Wain SH # 3	5,1 <sub>D</sub>
CITY-ST-20°	SARASOTA FL 34237		1.4 CITY-ST-ZIP	Sarasola DL 30	1236
TITLE	0	□ OELETE	2 1 THILE		Change Addition
NAME	WALIA, DIANE M		2 2 NAME		
STREET ADDRESS	1440 MAIN ST., #210		2.3 STHEET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		2.4 C(TY - S1 - Z)P		
TITLE		DELETE	3. 1 TITLE	•	Change Addition
NAME STREET ADDRESS			3.2 NAME		
			3 3. STREET ADDRESS		
CITY - ST - ZIP TITLE		[] DELETE	3.4 C(7Y-ST-Z)P 4. 1 T(LE		F1.0h
NAME		L.J Deter	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	7000019:	24027
CITY - S1 - ZIP			4.4 CITY-ST-ZIP	-05/22/96010	181034
TITLE		DELETE	5.1 TITLE	7000183 -05/22/96010 ***200.00	Change Addition
NAME			5.2 NAME	लगा सम् च्याः सः चरुर चरु	Find assessing Find statement
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST- <i>ZIF</i>			5.4 CITY-ST-ZIP		
TITLE		☐ DETETE	6 1 TITLE		Change Addition
NAME	1	1	62 NAME		<
STREET ADORESS	<b>l</b> .	•	63 STREET ADDRESS	OF C	<u>'</u>
CITY-ST-ZIP	contibution the info		6.4 CITY - ST - ZIP	<u> </u>	,

Is volverally furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further suppremental annual report is true and accurate and that my signature shall have the same logal effect as if made under acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address. certify that the information indoath; that I am an officer or a appears in Brock 12 or Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR