

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000067874 (6)

1. Corporation Name

LUICE HOSPITALITIES, INC.



Principal Place of Business

1755 N CONGRESS AVE  
BOYNTON BEACH FL 33426

Mailing Address

1755 N CONGRESS AVE  
BOYNTON BEACH FL 33426

2. Principal Place of Business

21 1100 Linton Blvd

Suite, Apt. #, etc.

22 Ste C-9

City & State

23 Delray Beach FL

Zip

24 33444

Country

2a. Mailing Address

26 P.O. Box 4727

Suite, Apt. #, etc.

27

City & State

28 Portsmouth NH

Zip

29 03802

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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 state of residence

(If the Registered Agent signature is required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D WALSH, MARK ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1755 N CONGRESS AVE  
BOYNTON BEACH FL 33426

TITLE D WALSH, MICHAEL ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1755 N CONGRESS AVE  
BOYNTON BEACH FL 33426

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D Walsh, Mark ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
1100 Linton Blvd Ste C-9  
Delray Beach FL 33444

21 TITLE D Walsh, Michael ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
1100 Linton Blvd  
Delray Beach FL 33444

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WALSH

4/29/96

Date

407 2799900

Daytime Phone #

CR2E034 (12/95)