FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

CITY-ST-ZIP

Block 12 or Block 13 if change

TITLE

NAME STREET ADDRESS



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000077251 (5)

HOTEL TRANSPORTATION CORPORATION

Principal Place of Business Mailing Address 1696 OLD OKEECHOBEE RD 1696 OLD OKEECHOBEE RD SUITE 3-D SUITE 3-D WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0448706 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LICKLE, GARRISON D 777 SOUTH FLAGLER DR Street Address (P.O. Box Number is Not Acceptable) SIOTE 500 EAST WEST PALM BEACH FL 33401 83 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, typed or profed name of registered agent and little if applicable (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE TITLE O'NEIL, EVGENE O'NEIL, EUGENE NAME 12 NAME 202 Occepia way 225 JAMAICA LN STREET ADDRESS 1.3 STREET ADDRESS Holm Beach FL PALM BEACH FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

6.1 TITLE

6.2 NAME

DELETE

FILED May 05 1998 8:00am Secretary of State



14. I hereby certify that the information supplied with this filing 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 an 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 corporations the receiver or true of empressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or man attachment in an additional statute. 2/02/00

Change

Addition