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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000077251**1. Corporation Name

HOTEL TRANSPORTATION CORPORATION

	·							
Principal Place of Business Mailing Address						i indistrat um idina usur dous edun	ågiit 88111 10811 18816 11981 I	(1101 1101 1001
1696 OLD OKEECHOBEE RD 1696 OLD OK			ECHOREE RD					
SUITE 3-D SUITE 3-D			. •					
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 3340			409				IN THIS SPACE	
US		US			3	3. Date Incorporated or Qualifed		
	<u></u>					10/25/1993		
		2a. Mailing Address	2a. Mailing Address		- 4	4. FEI Number	<u> </u>	lied For
21		26			65-0448 <u>706</u>		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ي ا	5. Certifcate of Status Desired	\$8.75 ∧	
22		27	·		_	·	Fee Req	
City & State		City & State	City & State		€	6. Election Campaign Financing	□ \$5.00 N	
23		28				Trust Fund Contribution	Added to	rees
Zip	Country	Zip	–—−C o ur	itry -		This corporation owes the current		ا مار
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent				0. Name and Address of New Reg	jistered Agent	
Liou	ALE CARRICON D			81 Name				
LICKLE, GARRISON D			F	82 Street	Address	ess (P.O. Box Number is Not Acceptable)		
777 SOUTH FLAGLER DR			L					
	TE 500 EAST			83				ļ
WES	ST PALM BEACH FL 33401		ļ	04 03			ne Zin C	ode
			ļ	84 City			FL 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the ab	ove-named	corporati	on submits this statement for the pu	rpose of changing its r	egistered
l office or r	registered agent, or both, in the Sta	ate of Florida. Such change was a	uthorized	by the corr	oration's l	board of directors. I hereby accept t	he appointment as reg	istered
agent. i a	m familiar with, and accept the ob	ilgations of Section 607.0505, Fig	riua Siaiu	165.				
SIGNATURE	Signature, typed or printed name of registered	agest and title if applicable (NOTE	· Registered	Agent signature	required when	n reinstating)	DATE	— Ì
12.		AND DIRECTORS	13.	ngorn organization	104	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12
TITLE	P	DELETE	1,1 TITI	Æ	Dre	6 ident	Change	Addition
NAME	O'NEIL, EUGENE	d. a	1.2 NA	<i>A</i> F	SIN	Ann	•	
	000 000E0LA WAY	deceased			200	receste Way		
STREET ADDRESS	PALM BEACH FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		200	eil Ann 2 osceola Way m Beach, FL		
CITY-ST-ZIP	PALM BEACH PL	DELETE	1.4 CII 2.1 TIT		ras	m bach, FL.	☐ Change	Addition
TITLE		_						
NAME			2.2 NA					
STREET ADDRESS			2.3 STI	REET ADDRESS	i			
CITY-ST-ZIP			2. 4 CF	Y-ST-ZIP				
TITLE			3.1 TITI	.E				☐ Addising
NAME		☐ DELETE					☐ Change	☐ Addition
STREET ADDRESS		☐ DELEIE	3.2 NAJ	ИE			☐ Change	☐ Addition
CITY-ST-ZIP		□ OELETE	1	ME REET ADDRESS	;		☐ Change	Addition Addition
TITLE		OFFEIF	33 ST		1			
		DELETE	33 ST	REET ADDRESS			☐ Change	☐ Addition
NAME			3.3 STF	REET ADDRESS 'Y-ST-ZIP LE				
NAME			3.3 STF 3.4. CIT 4.1 TTT 4. 2 NA	REET ADDRESS 'Y-ST-ZIP LE				
NAME STREET ADDRESS			3.3 STF 3.4. CIT 4.1 TTT 4. 2 NA 4.3 STF	REET ADDRESS Y-ST-ZIP LE ME				
NAME			3.3 STF 3.4. CIT 4.1 TTT 4. 2 NA 4.3 STF	REET ADDRESS Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STF 3.4. CII 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3 3 STF 3.4. CII 4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5 2 NAI 5.3 STF	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ DELETE	3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	33 STF 3.4. CIT 4.1 TTT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 5.3 STF 5.4 CIT 6.1 TITI	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	33 STF 34. CI 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAU 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAU	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition

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 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

SIGNATURE: