

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jane Smith
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY -1 11:23
DIVISION OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
HOTEL KEY CARE, INC.

DOCUMENT: #
P93000080576 (0)

Mailing Address
1515 N FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

Principal Place of Business
1515 N FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

200001492682
-05/17/95--01183--027
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/17/1993	3a. Date of Last Report
4. FEI Number 65-0456971	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 ☐ ☒	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$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
BAINBRIDGE HAYDN R
1515 N FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
11 TITLE	D
12 NAME	BAINBRIDGE HAYDN R
13 STREET ADDRESS	1515 N FEDERAL HWY SUITE 300
14 CITY - ST - ZIP	BOCA RATON FL 33432
21 TITLE	D
22 NAME	BUJB MARK
23 STREET ADDRESS	1515 N FEDERAL HWY SUITE 300
24 CITY - ST - ZIP	BOCA RATON FL 33432
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	SEA
63 STREET ADDRESS	5-1-95
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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] APRIL 21st 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR