

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 13 AM 11:29

DOCUMENT # P93000088335 (3)

1. Corporation Name

WILDWOOD HOTELS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

730 LEE ROAD
ORLANDO FL 32810

Mailing Address

730 LEE ROAD
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

08/05/1994

4. FEI Number

59-3215334

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 273 East State Rd 44

2a. Mailing Address

26 273 East State Rd 44

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Wildwood, FL

City & State

28 Wildwood, FL

Zip Country

24 34785 25

Zip Country

29 34785 30

9. Name and Address of Current Registered Agent

GUPTA, SURESH K
730 LEE ROAD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

ANIL BANSAL

82 Street Address (P.O. Box Number is Not Acceptable)

273 East State Rd 44

83

84 City

Wildwood

FL

85 Zip Code

34785

11. Pursuant to the provisions of Sections 607.002 and 607.008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. 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

ANIL BANSAL

2-22-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GUPTA, SURESH K
STREET ADDRESS	730 LEE ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	CEO
NAME	PAL, ANIL
STREET ADDRESS	273 EAST STATE RD 44
CITY - ST - ZIP	WILDWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	SEC/TREASURER	☒ Change ☐ Addition
1.2 NAME	ANIL BANSAL	
1.3 STREET ADDRESS	273 East State Rd 44	
1.4 CITY - ST - ZIP	Wildwood, FL - 34785	
2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
2.2 NAME	ANIL PAL	
2.3 STREET ADDRESS	273 E. ST. 44	
2.4 CITY - ST - ZIP	Wildwood, FL - 34785	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

CHAIRMAN

President

2-22-95

(904)-748-2000

Date

Daytime Phone #