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

Mailing Address

273 EAST STATE ROAD 44

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088335

Principal Place of Business

273 EAST STATE ROAD 44

WILDWOOD HOTELS, INC.

WILDWOOD FL 34785		WILDWOOD FL 34785 US				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed 12/28/1993			
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	39
 1	ace of business	26	•			59-3215334		Not Applica	ble
Suite, Apt. i	# etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	· ·
22	.,,	27				5. Certificate of Status Desired	Fee	Required	
City & State	9	City & State	City & State			6. Election Campaign Financing		00 May Be	ł
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country Zip		Cou	ntry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registere	d Agent	 	\dashv
	0.41 ANIII			81	Name				
	SAL, ANIL				Street Add	ress (P.O. Box Number is Not Acceptable)			
	EAST STATE ROAD 44					AP 4 1 1 2 2 4 2 5 4 2 5 6 2 5 2 5 2 5 2 5 5 5 5 5 5 5 5 5 5	er o kilg or Silvisi civa	and the second second	25
WILL	0WOOD FL 34785			83		· · · · · · · · · · · · · · · · · · ·			7 31 1 0
				84	City		85 2	Zip Code	577
	41.					poration submits this statement for the purpose			
agent. I a	m familiar with, and accept the obligations of registered agent.	itions of, Section 607.0505,	FIORIDA STAT	ules.		ion's board of directors. I hereby accept the ap			á á
12. OFFICERS AND DIRECTORS 1			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 1	2 8
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NAME	BANSAL, ANIL		1.2 N	AME					5
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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 changes, or on an attachment with an address, with all other like empowered.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90054 006 ***150.00