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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS

Block 12 or Block 13 if changed

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P94000022279 (1)

HOSPITALITY BY BRENDA GORDON, INC.

Principal Place of Business Mailing Address 104 NW 109TH AVE 850 IVES DAIRY ROAD STE 69-305 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE MIAMI FL 33178 3. Date Incorporated or Qualified 03/21/1994 2. Principal Place of Business 26. Mailing Address 26. 104 N.W. 109 Ave. 4. FEI Number Applied For 104 n.w.109 65-0484147 Not Applicable Suite, Apt. #, etc. # 207 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent GORDON, BRENDA 104 NW 109TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) #207 PEMBROKE PINES FL 33026 83 84 City Zip Code 85 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 Slate 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE GORDON, BRENDA . NAME 1.2 NAME CR2E034 850 IVES DAIRY ROAD STE. 305 T10 STREET ADDRESS 1.3 STREET ADDRESS MIAMI-FL-CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TETLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change 6.2 NAME NAME

6.3 STREET ADDRESS

4122198

6.4 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 changed 9 on an attachment with an advices.