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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000031912 (6)

FILED Feb 06 1998 8:00am Secretary of State

LAUDERDALE BY-THE-SEA MOTEL, INC. Principal Place of Business Mailing Address 4229 NORTH OCEAN DRIVE (A1A) 4229 NORTH OCEAN DRIVE (A1A) LAUDERDALE BY-THE-SEA FL 33308 LAUDERDALE BY-THE-SEA FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0258577 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ZYCH, JOHN 4229 NORTH OCEAN DRIVE (A1A) Street Address (P.O. Box Number is Not Acceptable) 82 LAUDERDALE BY-THE-SEA FL 33308 83 Zip Code 84 City 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 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, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE Change Addition TITLE ZYCH, JOHN 1.2 NAME NAME 4229 NORTH OCEAN DRIVE (A1A) 1.3 STREET ADDRESS STREET ADDRESS LAUDERDALE BY-THE-SEA FL 33308 1.4 CITY - ST - 7/P CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2,2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-SI-ZIF DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-Z# DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET AODRESS 4.4 CITY - ST - ZIP CITY-ST-ZIE DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIF DELETE 6.1 TITLE Change Addition THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY - ST - 7IP

SIGNATURE:

URE REQUIRED

2-2-99