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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400031912

LAUDERDALE BY-THE-SEA FL 33308

1. Corporation Name

LAUDERDALE BY-THE-SEA MOTEL, INC.

Principal C	Place of Pusings												
Principal Place of Business Mailing Address					, 10011001 110 12111 01211 00111 00111 00111 00111	som stret tisså tilthi tillin tilli filli							
4229 NORTH OCEAN DRIVE (A1A) LAUDERDALE BY-THE-SEA FL 33308 4229 NORTH OCEAN DRIVE LAUDERDALE BY-THE-SEA LAUDERDALE BY-THE-SEA													
					DO NOT WRITE IN TH	HIS SPACE							
					3. Date Incorporated or Qualifed								
					04/27/1994								
Principal Place of Business Za. Mailing Address					4. FEI Number	Applied For							
21		26		<u>65-025</u> 8577	Not Applicable								
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required							
23	City & State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees								
Zip	County			гу	8. This corporation owes the current year Intaggible								
24 25 29			30		Personal Property Tax.	X Yes □No							
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent									
7	YCH, JOHN	₹	8	1 Name									
4229 NORTH OCEAN DRIVE (A1A) LAUDERDALE BY-THE-SEA FL 33308				82 Street Address (P.O. Box Number is Not Acceptable) 83									
										8	1,	A Principal Control of the Control o	85 Zip Code
							11. Pursua office o agent.	ant to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obl	1502 and 607.1508, Florida Statute: te of Florida. Such change was au- igations of, Section 607.0505, Flori	s, the abor thorized b	ve-named cor y the corporat is.	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATUR	RE												
	Signature, typed or printed name of registered a		Registered Age	ent signature requir	ed when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12							
TITLE	D DELETE		1.1 TITLE			☐ Change ☐ Addition							
NAME ZYCH, JOHN			1.2 NAME		• • •	•							
STREET ADDRESS 4229 NORTH OCEAN DRIVE (A1A)			1.3 STREE	ET ADDRESS		,							

DELETE

STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition 4. 2 NAME STREET ADDRES 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 51 TIDE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90069 022 ***150.00

CR2E034 (11/98)

☐ Addition

☐ Change