May 05, 1999 8:00 am Secretary of State

05-05-1999 90194 034 ***150.00

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 # P9400035623

1. Corporation Name

MIDWEST HOSPITALITY GROUP, INC.

		Al-tim Adda					
Principal Place of Business Mailing Address							
BAREFOOT BEACH INN 192 TOPANGO DR.							
357 S. ATLANT DAYTONA BEAG		BONITA SPRINGS FL 34134	US		DO NOT WRITE IN THIS SPACE		
US		00			3. Date Incorporated or Qualifed		
				•	05/09/1994		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		59-3251475	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
22		27					
City & State		City & State			6. Election Campaign Financing \$5	5.00 May Be	
23		28				dded to Fees	
Zip Country		Zip			8. This corporation owes the current year Intangible		
24	25	29 30	ה		Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
PATEL, THAKOR M				20 Object Address (D.O. Breakharin Med Accordable)			
192 TOPANGO DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33923			83	83			
i				l			
			84	City	FL 85	Zip Code	
		VEOR COT 4500 Flaids Ctabulan	166-	- nomad as	orporation submits this statement for the purpose of chang	ing its registered	
Office or r	anistered agent or both in the Sta	ite of Florida. Such change was auth	YOUZED DY	the comors	ration's board of directors. I hereby accept the appointment	as registered	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Florida	a Statute:	3 .			
SIGNATURE							
	Signature, typed or printed name of registered			nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOPS IN 12	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIK		
TITLE	FD ======		1.1 TITLE	ļ		larige [] / taomon	
NAME	TAILE, BIAGO D		1.2 NAME				
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CITY-ST-ZIP			1.4 CITY-5	T-ZIP		F 4 1000	
TITLE	SD DELETE 2		2.1 TITLE		□ Cł	nange 🗌 Addition	
NAME	IAME PATEL, THAKOR M 22		2.2 NAME			.	
STREET ADDRESS	STREET ADDRESS 192 TOPANGO-DRIVE 233		23 STREE	T ADDRESS		. أ	
CITY-ST-ZIP	ITY-ST-ZIP NAPLES FL 33923 2.4		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			nange	
NAME.			3.2 NAME	}		ľ	

6.4 CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

Change

Addition

Addition

☐ Addition

CR2E034 (11/98)