

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000038031 (8)**

1. Corporation Name:

GUEST SERVICES MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 691561
ORLANDO FL 32869-1561
US**

**P.O. BOX 691561
ORLANDO FL 32869-1561
US**

2. Principal Place of Business

2a. Mailing Address

21 7512 Dr. Phillips Blvd.
Suite, Apt. #, etc.

26 7512 Dr. Phillips Blvd.
Suite, Apt. #, etc.

59-3244618

22 Suite 50-351
City & State

27 Suite 50-351
City & State

23 Orlando, FL

28 Orlando, FL

24 32819

25 USA

29 32819

30 USA

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
06/19/1995

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAFFER, ERIC R
11500 WESTWARD BLVD
ORLANDO FL 32821**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7512 Dr. Phillips Blvd.

83

Suite 50-351

84

Orlando,

FL

85

Zip Code

32819

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, if different applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SHAFFER, ERIC R**
STREET ADDRESS **11500 WESTWARD BLVD**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Eric R. Shaffer**
1.3 STREET ADDRESS **7512 Dr. Phillips Blvd., Ste. 50-351**
1.4 CITY-ST-ZIP **Orlando, FL 32819**

2.1 TITLE **S/T/D** ☐ Change ☒ Addition
2.2 NAME **Richard G. Harrington, Jr.**
2.3 STREET ADDRESS **4001 Kasper Drive**
2.4 CITY-ST-ZIP **Orlando, FL 32806**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Eric R. Shaffer **Eric R. Shaffer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(407) 222-9475
Telephone Number

CR25034 (12/95)