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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

P94000049670 (0) DOCUMENT # TEMPORARY CORPORATE HOUSING OF FLORIDA, INC. Mailing Address Principal Place of Business 4627 PARK BREEZE CT 4627 PARL BREEZE CT ORLANDO FL 32808 ORLANDO FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 4627 Parkbreeze CT 59-3256819 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible [] No Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEILEN, TED H 4823 PARK BREEZE COURT 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature appeal or printed name of registered agent and life it apply white (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change STEILEN, TED H NAME 1.2 NAME 4623 PARK BREEZE COURT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP 1.4 CrTY - ST - ZIP DELFTE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELFTE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

FILED

Jun 01 1998 8:00am

Secretary of State

14. Thereby certify that the information supplied with this filling 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 recover or trustoe on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on a particular with an address.

64 CITY - ST - ZIP