FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:44

DOCUMENT # **P94000065044 (7)**

1. Corporation Name
CORPORATE HOSPITALITY GROUP, INC.

Principal Place of Business	Mailing Address
2900 FOURTH STREET NORTH ST PETERSBURG FL 33704	2900 FOURTH STREET NORTH ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2900 FOURTH STREET NORTH	26 2900 FOURTH STREET NORTH
22 Suite, Apt. #, etc. SUITE # A-202	27 Suite, Apt. #, etc. SUITE # A-202
23 City & State ST PETERSBURG, FL	28 City & State ST PETERSBURG, FL
24 Zip 33704 / 25 Country PINELLAS	29 Zip 33704 / 30 Country PINELLAS

4. FEI Number: 59-3264355 ☐ 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
ADLER, JACOB 2900 FOURTH STREET NORTH ST PETERSBURG FL 33704	81 Name: ADLER, JACOB 82 Street Address (P.O. Box Number is Not Acceptable): 4119 CARROLLWOOD VILLAGE DR 83 84 City: TAMPA FL 85 Zip Code: 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FRANCO, DAVID	12 NAME	
STREET ADDRESS	17408 HIALEAH DR	13 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PINKAS, HAIM	22 NAME	
STREET ADDRESS	4119 CARROLLWOOD VILLAGE DR	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ADLER, JACOB	32 NAME	
STREET ADDRESS	4119 CARROLLWOOD VILLAGE DR	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: DAVID FRANCO APRIL 04 95 (813) 898-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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