FILE NOW: FILING FEE AFTER MAY 1 IS \$550:00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Hospitality Associates, Inc. DOCUMENT #
1. Corporation Name
Trish Hos

FILED Sep 24 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address			
174 B Samoran C	com. 1711	Faidaven	` L	
P), # 114	M	1 61	- ' - <u></u>	
174B Semoran C Pl. # 114. Apopka, Fla 327	nos HPOF	olca, Hi	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	38.1/6	2 . 10/94 4. FEI Number	1776.
21	26. Maining Add ess	S	59-32726	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, ek	0.	- Y	CO 76
22	27		Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
25	29	30	 8. This corporation has liability for Florida Statutes 	I mangible tax under s. 199,032, ☐ Yes ☐ No
9. Name and Address of Curr			10. Name and Address of New R	legistered Agent
Mary B Tage	- 1-	81 Name		
mariun e aris	an t	82 Street A	Address (P.O. Box Number is Not Accepte	able)
Marilyn E Iris 1711 Fairhaven Apoplea, Fla.	1 COUNT	83		
Apoplea, Fla.	34712	63		
1,7 0,100	- 0 77 0	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	1502 and 607, 1508, Florida 5	Statutes, the above-named o	corporation submits this statement for the	nurgose of changing its registered
office or registered a cent, or both, in the Sta agent. I am familia with, and accept the ob-	ate of Florida. Such change:	was authorized by the corpo	oration's board of directors. I hereby acc	ept the appointment as registered
agoni ram tanima jinin ana dobyy. me on				
CIGNATURE ALL SULLAND	819/200	2	C	7/15/07
Signature, typed or proted name a registered a	agentand title Lapplicate	(NOTL: Registered Agen) signature re	 	7/15/97
Signature, typical or proceed names registered a 12. QEF/CERS A	AND DIRECTORS	(NOTL Registered Ageni signature n	equired when reinstating) ADDITIONS/CHANGES TO OFF	
12. AFFCERS A THE Marilyn C:	Trish Delet	13. 1 11/LE	 	
12. OFFICERS A TITLE NAME Control Contro	AND DIRECTORS	(NOTE Fit gistored Agent signature in 13. E 11 TITLE 12 NAME	 	
12. OFFICERS A TITLE NAME STREET ADDRESS SIGNARD PRODUCT OFFICERS A TOTAL T	AND DIRECTORS Trish DELET AvenCorr	13. 1 11/LE	 	
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