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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075945 (3)

BRANDYWINE PLAZA, INC.

SIGNATURE:

| Principal Place of Business Mailing Address | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | THE PERSON AND AND AND AND AND AND AND AND AND AN | | OLIFATE HOTELFOLD | |
|---|---------------------------|--|---|-----------------------------|--|---|--|--------------|-------------------|-----------------|
| 73 | H VASSER ST | reet | 731 VASSER STREET | | | | | | | |
| Ю | RLANDO FL 3 | 2804 | ORLANDO FL 32804-4920 | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | Sa. Da | te of Last f | Report |
| | | | | | | | 10/13/1994 | | 24/1996 | iopoit |
| 2. | Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | Y.//* | | pplied For |
| 21 | | | 26 | | | 59-3272705 | | 1 | ot Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | Additional | |
| | | | 27 | | | Certificate of Status Desired | ــــــــــــــــــــــــــــــــــــــ | Fee R | equired | |
| | City & State | } | | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | <u> </u> | | to Fees |
| _ | Zip 1 | Country Zip Co | | | The desperator was trading to the state of t | | | s. 199.032, | | |
| 24 | <u> </u> | 25 29 30 9. Name and Address of Current Registered Agent | | | | Fiorida Statutes LI Ves LI No 10. Name and Address of New Registered Agent | | | | |
| | NCM | · · · · · · · · · · · · · · · · · · · | Trogistores rigoni | 8 | 1 | Name | 101 10110 0110 11011 | Berrain . | 1,000 | |
| DEMETREE, PAUL A 731 VASSER STREET | | | | | _ | | | | | |
| ORLANDO FL 32804 | | | 82 Street Add | | | Street Add | dress (P.O. Box Number is Not Acceptat | ole) | | |
| | ONU | 41DO 1 E 32004 | | 8 | 3 | | | | | W |
| | | | | | 4 | | | | TT | |
| | | | | 8 | 4 | City | | FL | 85 Zip | Code |
| 1 | 1. Pursuant t | o the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the abo | ve. | -named co | rporation submits this statement for the p | ourpose of | changing | its registered |
| | office or re agent Lar | egistered agent, or both, in the State c in familiar with, and accept the obligat | if Florida. Such change was a ions of, Section 607.0505, Flo | uthorized t rida Statuti | by es. | the corpore | ation's board of directors, I hereby acce | pt the app | ointment as | ; registered |
| | IGNATURE | | | | | | | | | |
| L | | Signature: typed or printed name of registered agent | and title if applicable. (NOTE | : Registered A | gen | nt signature req | uired when reinstating) | DATE | | |
| 7 | 2. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICE | CERS AND | | |
| | TLE | D DAIN 1 | ☐ DELETE | 1.1 TITL | | - 1 | | | Change | Addition |
| | AME | DEMETREE, PAUL A | | 1.2 NAMI | | | | | | |
| | TREET ADDRESS | 1310 BELLEAIRE CIR. | | 1.3 STREET ADDRESS | | 1 | | | | |
| | ITY-ST-ZIP | | | 1.4 CITY | | í-ZiP | | | ☐ Change | Addition |
| 1 | TLE | D Demetree, arthur J | L) bettie | 21 TITLE 22 NAME | | - } | | | CT CHANGE | LII NOORIOH |
| l | ame Treet address | 3015 DAWLEY STREET | | | | ADDRESS | | | | |
| | TY-ST-ZIP | ORLANDO FL 32806 | | 2.3 STRE | | | *40 | i | | |
| | TLE | D | DELETE | 3.1 TITLE | | 1-4.11 | · · · · · · · · · · · · · · · · · · · | ., | Change | Addition |
| 1 | AME | DEMETREE COWHERD, CECILIA | 4 | 3.2 NAMI | E | | | | | |
| l | TREET ADDRESS | 310 W. WEST LAKE SUE AVE. | • | 3.3 STRE | ET/ | ADDRESS | | - | | |
| l | ITY-ST-ZIP | WINTER PARK FL 32789 | | 3.4. CITY | '-\$1 | T-ZIP | | | | |
| TI | TLE | D | DELETE | 4.1 TITLE | : | | | | ☐ Change | Addition |
| N | AME | DEMETREE DASHER, FRANCES | } | 4. 2 NAM | Œ | | | | | |
| s | TREET ADORESS | 8809 EL PARADO DRIVE | | 4.3 STRE | ET A | ADDRESS | | | | |
| С | ITY-ST-ZIP | ORLANDO FL 32825 | | 4.4 CITY | -51 | T-ZIP | | | | |
| II | ITLE | D | ☐ DELETE | 5.1 TITLE | Ē | | | | Change | Addition |
| N | AME | DEMETREE, JOHN W | | 5.2 NAM | E | Į | | | | |
| \$ | TREET ADDRESS | 5857-A 21ST AVE. WEST | | 5.3 STRE | ET / | ADDRESS | | | | |
| | ITY - ST - ZIP | BRADENTON FL 34209 | Mariere | 5.4 CITY | | r-ZIP | | | 01 | £ 3.310 _ |
| l | ITLE | | ☐ DELETE | 6.1 TITLE | | | | | ☐ Change | ☐ Addition |
| Ì | AME | | | 6.2 NAM | | | | | | |
| | TREET ADDRESS | | | | | ADDRESS | | | | |
| F-C | ITY-ST-2IP | ov certify that the information supplied | with this filing does not qualif | 6.4 CffY | ·SI Xer | mption state | ed in Section 119.07(3)(i) Florida Statute | s. I furthe | certify the | t the |
| ' | informatio | n indicated on this annual report or su | ipplemental annual report is tr | rue and ac | cu | rate and th | at my signature shall have the same leg | al effect as | if made u | nder oath; that |
| | appears i | n Block 12 or Block 13 if changes, o | on an attachment with an add | ress. | بانان | ma nus iabi | ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg- ort as required by Chapter 607, Florida i | Jaiutes, B | no matrily | HELLIE |

REQUIRED

NAME OF SIGNING OFFICER OR DIRECTOR