

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000076558 (3)

1. Corporation Name

PIRATES COVE HOTEL CORP.

APPROVED
AND
FILED

95 FEB 28 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**% XL CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

Mailing Address
**% XL CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1994	3a. Date of Last Report
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	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 c/o AVR, 1 Executive Blvd.	27 4th Fl.	
22 City & State	28 Yonkers, New York		
23 Zip	29 10701	30 Westchester	
24 Country	25		

9. Name and Address of Current Registered Agent

**XL CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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 of agent or president of corporation and not of applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, ALLAN V	1.2 NAME	
STREET ADDRESS	1 EXECUTIVE BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	YONKERS NY 10701	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Secy/Treas
STREET ADDRESS		2.3 STREET ADDRESS	Frederick E. Ide
CITY, ST, ZIP		2.4 CITY, ST, ZIP	One Executive Blvd.
TITLE		3.1 TITLE	Yonkers, NY 10701
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 exemptions stated in Section 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allan V. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 1995
DATE

Telephone Number