SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 PM 1:28

DOCUMENT # **P95000003330 (4)**

1. Corporation Name

HOSPITALITY TWO, INC.

-10/04/96--01106--021
****375.00 ****375.00

Principal Place of Business	Mailing Address
14 S SWINTON AVE **DELRAY BEACH FL 33444**	**14 S SWINTON AVE** **DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified: **01/11/1995** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0636738** ☐ 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

BAXTER, JANE
14 S SWINTON AVE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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. 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, type or print name of the 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	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BAXTER, JANE		12 NAME		
STREET ADDRESS	14 S SWINTON AVE		13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		14 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MONCADA, RICARDO		22 NAME		
STREET ADDRESS	14 S SWINTON AVE		23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		24 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	31 TITLE	VSD	☒ Change ☐ Addition
NAME	GRECO, JODI L		32 NAME		
STREET ADDRESS	14 S SWINTON AVE		33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	WEITKAMP, JAMES G		42 NAME		
STREET ADDRESS	6891 N CALUMET CIR		43 STREET ADDRESS	14 S. Swinton Avenue	
CITY-ST-ZIP	LAKE WORTH FL 33467		44 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

9/30

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jodi L Greco 9/12/96 407-243-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
JODI L. GRECO

0096679 CP