

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019639 (0)

1. Corporation Name

STOCKTON HOTEL, INC.



Principal Place of Business

250 VALENCIA AVE.
CORAL GABLES FL 33134

Mailing Address

250 VALENCIA AVE.
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GEORGE
250 VALENCIA AVE.
CORAL GABLES FL 33134

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME MILLER, GEORGE
STREET ADDRESS 250 VALENCIA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T ☒ Change ☐ Addition

1.2 NAME GEORGE D. MILLER
1.3 STREET ADDRESS 250 VALENCIA AVE
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME DAVID C. HENNESSY
2.3 STREET ADDRESS 22481 PLEASANT PARK ROAD
2.4 CITY-ST-ZIP CONIFER CO 80433

3.1 TITLE V/S ☐ Change ☒ Addition

3.2 NAME JOEL S. BERKOWITZ
3.3 STREET ADDRESS 2115 KNAAB DRIVE
3.4 CITY-ST-ZIP BOZEMAN MT 59715

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME WILLIAM O. COOLEY
4.3 STREET ADDRESS 10836 PLEASANT HILL DRIVE
4.4 CITY-ST-ZIP POTOMAC MD 20854

5.1 TITLE A ☐ Change ☒ Addition

5.2 NAME LYNDA MAHONEY
5.3 STREET ADDRESS 4815 S PINE ROAD
5.4 CITY-ST-ZIP EVERGREEN CO 80439

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

LYNDA MAHONEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNDA MAHONEY

03/15/96

303/697-8400

Date:

Daytime Phone: #

CR2E034 (12/95)