

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000019639**

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**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90217 019 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

4. FEI Number

65-0571667

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MILLER, GEORGE
250 VALENCIA AVE.
CORAL GABLES FL 33134**

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

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DAVID C HENNESSY
22481 PLEASANT PARK ROAD
CONIFER CO 80433**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
JOEL S. BERKOWITZ
303 IVY LANE
WESTON FL 33326**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WILLIAM O COOLEY
233 TRADEWIND DRIVE
PALM BEACH FL 33480**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**A
SIMPSON, ANNA M
850 HANGMANS RD
BAILEY CO**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**A
CLAYCOMB, HEATHER M.
28 BEAR ROCK ROAD
EVERGREEN, CO**

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. HENNESSY

03-03-99

Date

303-697-8400

Daytime Phone #

CR2E034 (1/98)