**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000020412

INTOWN SUITES ORLANDO, INC.

Mailing Address Principal Place of Business 7100 SOUTH ORANGE BLOSSOM TRAIL 2102 PIEDMONT RD

## FILED May 29, 1999 8:00 am Secretary of State

05-29-1999 90014 015 \*\*\*300.00



ORLANDO FL 32809		ATLANTA GA 30324			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed	TAOL	
					03/10/1995		
B. Dinning I.D.	leas of Business	B- Mailing Address			4. FEI Number	I An	plied For
	pal Place of Business 2a. Mailing Address						t Applicable
21	uite. Apt. #, etc. Suite. Apt. #, etc.				59-3304558	\$8.75	
· ·	F-1				5. Certifcate of Status Desired	Fee Re	
		27 State	City & State				<del>-</del>
City & Stat	e	<b>├</b> , '			6. Election Campaign Financing	\$5.00 Added 1	, ,
23	Country Zip Co		Cou	ıtnı	Trust Fund Contribution		lo rees
Zip	Country			iti y	8. This corporation owes the current year Inter	ngible □Yes	□No
24	25	29	30		Personal Property Tax. L. Yes L. No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registered A	gent	
CAD	DENTED DONALD A			OI (Valine			
CARPENTER, RONALD A 5608 N.W. 43RD STREET				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32653							
GAIN	IESVILLE FL 32003			83			
				84 City		85 Zip (	Code
					<u>FL</u>		
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	as authorized	by the corporat	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	hanging its ment as re	registered gistered
=	m (amiliar with, and accept the oblig	pations of, dection dor.obos,	Tionda Otate	.03.			
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable. (A	NOTE: Registered	Agent signature requir	red when reinstating) DATE		\
12.		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	PRS IN 12
TITLE	P	DELETE	1.1 TIT	Æ		Change	☐ Addition
NAME	VICKERS, DAVID		1.2 NA	νE.			ŀ
STREET ADDRESS	2102 PIEDMONT ROAD			REET ADDRESS			ĺ
	ATLANTA GA 30324		1.4 CIT				
CITY-ST-ZIP	VP	DELETE 2.1 TIT				Change	Addition
	· ''	2.2 NA		1			_
NAME	VICKERS, CHERYL			1			
STREET ADDRESS	2102 PIEDMONT RD			REET ADDRESS			
CITY-ST-ZIP			Y-ST-ZIP		Change	Addition	
TITLE	CFO □ DELETE 3.1 TI				□ Cliange	L Addition	
NAME	Brewer, Bill.		3.2 NA	AE			
STREET ADDRESS			REET ADDRESS				
CITY-ST-ZIP	, <u>-</u>		Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	E		Change	Addition
NAME			4.2 N	ME			į
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CII	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT	Æ		☐ Change	☐ Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS	•		
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP			
TITLE		☐ DELETE	6,1 TIT	£		☐ Change	Addition
NAME		_	6.2 NA	ME			Į.
STREET ADDRESS			6.3 ST	REET ADDRESS			
			J.5 01				

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 of 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 attachner with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR