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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500020553 (0) THE HOTEL CARLTON, INC.							
Principal Place of Business Mailing Address					(ABSTADD AND ABIDD BATA BOTA BOTA	8) 86) 68 68 68 68 68 68 68 68 68 68 68 68 68 68 68 68 68	04001 01180 0511 1041
1221 ACADEMY DR. ALTAMONTE SPRINGS FL 32714		1221 ACADEMY DR. ALTAMONTE SPRINGS FL 32714					
					3. Date incorporated or Qualified 03/13/1995	3a. Date of Last	Report
2. Principal Place of Business			2a. Mailing Address		4. FET Number		Applied For
Suite, Apt. #, etc.		Suite Act # of	Suite, Apt. #, etc.		57 331 3413		Not Applicable
22		27			5. Certificate of Status Desired	1 4	75 Additional e Required
City & State		City & State		6. Election Campaign Financing	<u> </u>	00 May Be	
23		28			Trust Fund Contribution	Add	ded to Fees
Zip 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for Florida Statutes	intangible tax under No	s 199.032,
24	9. Name and Address of Curr				10. Name and Address of New I	. =	
	At the control of the		81	Name			
HUTCHINS, MERRILL				Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
1221 ACADEMY DR.						· · · · · · · · · · · · · · · · · · ·	
ALTAMONTE SPRINGS FL 32714			83				
				City		FL 85	Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida S	talutes, the above-	Lnamed corpor	ration submits this statement for the pured of directors. Thereby accept the app		s registered office
familiar wit	h, and accept the obligations of, Se	ection 607.0505, Florida Sta	tutes.	OTATION S DOS	го от оперсов. Т петеру ассерстве арх.	ontrient as register	ad agent, tam
SIGNATURE _	Signature, typed or printed name of registered ag	ant and fits 1 applicable.	(NOTi: Begistered Ager	stein stur arra		CA?E	
12.		ND DIRECTORS			ADDITIONS/CHANGES TO OFF		TORS IN 12
TOLE	DP	☐ DELETE	DELETE 1.1 TILLE			Chang	
NAME HUTCHINS, MERRILL			1.2 NAME				
STREET ADDRESS 1221 ACADEMY DR.		00744	1.3 STREET	ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FI		1.4 CITY- S	II-ZIP			
THILE NAME	☐ D£LE1E		2 1 TITLE			☐ Changi	e 🔲 Addition
STREET ADDRESS	\$		2 2 NAME 2 3 STREET	ADDRESS			}
CITY-SI-ZIP				iT-ZIP			
TITLE	DELETE		3 1 TITLE			☐ Change	Addition
NAME			32 NAME				
STREET ADDRESS			3.3. STREET	F ADDRESS			
CITY - ST - ZIP			3.4 City - S	I-ZIP			
TITLE	DELFIE		4. 1 T:TLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-S1-ZIP TITLE			4.4 CITY - S 5 1 TITLE	T-ZIP		Change	Addition
NAME		EJ Vetter	5.2 NAME			[_] Gridinge	e Addition
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE			6 1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63STHEFT	ADDRESS			ļ
CITY-ST-7IP			64 CITY - S	T-ZIP			ĺ

14. Ido 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-94 107 865 7939 Daytime Phone +