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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 09 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028512 (8)

HOSPITALITY CONCEPTS OF AMERICA, INC.

Principal Place of Business Mailing Address 920 N.E. 13TH STREET 920 N.F. 13TH STREET FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ziji Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TEST, SUSAN J 920 N.E. 13TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33304 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signisture required when reinstating) 12. OLLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. X Addition Change DETETE 1.1 THEF TITLE Moreth/Roman 920 NE 13 Street FINCH, DAVID S 1.2 NAME NAME 920 N.E. 13TH STREET STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY - \$1 - ZIP Fort Laiderdale, FL 33304 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DITETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-7/P DELETE Addition Change TITLE 4.1 1111.0 NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y - ST - Z(P CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE 1ggggassas**ö**i 62 NAME NAME -06/03/98--01064--012 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing closs 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 furstee conjugacy of the exemption of the receiver or furstee conjugacy of the exemption of the receiver of the exemption of the