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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033123 (7)

RED LION BOCA, INC.

1										/ 		!!	
Principal Place of Business Mailing Address										 	HILL HEIR HEA	11111 (1111	
7136 BERACASA WAY				7136 BERACASA WAY									
BAY 54				BAY 54									
BOCA RATON FL 33433				BOCA RATON FL 33433-3448					Data Incorporated as Qualified.	Ta- Dat	e of Last R	10001	
									3. Date Incorporated or Qualified 04/24/1995		60/1996	ieport	
2. Principal P	Place of Rusin	nec		Mailing Address					4. FEI Number	04/0	-/	antiad Far	
21			<u> </u>	26					4. FEI Number NOT APPLICABLE Applied For Not Applied For			·	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					SR 75 Additional				
22				27					5. Certificate of Status Desired			equired	
City & State				City & State				,	6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution		Added		
Zip	Country			Zip Country				8. This corporation has liability for intengible tax under s. 199.032,					
24	25			<u> </u>	30				Florida Statutes X Yes No				
		and Address of Curre	nt Regis	lered Agent					10. Name and Address of New Registered Agent				
	rcado, je/			81 Name			ΙĐ						
7136 BERACASA WAY				82			Stre	et Addre	dress (P.O. Box Number is Not Acceptable)				
BAY 54 BOCA RATON FL 33433				83			ļ			·			
800	CA HAIUN	PL 33433				03							
1						84	City			FL	85 Zip	Code	
44 Purcuent	to the provisi	one of Sections 607.05	02 and 6	07 1508 Florida Statu	itee the	abow	0-02m	ad coro	oration submite this statement for the		hanging if	le registered	
office or r	registered ag	ent, or both, in the Stat th, and accept the oblid	e of Flori	da Such change was	authoria	zed by	y the c	orporati	oration submits this statement for the poor's board of directors. I hereby acce	of the appo	intment as	registered	
	ım tamıllar wil	in, and accept the oblig	galions o	1, Section 607.0505, F	ionaa S	tatutes	S.						
SIGNATURE	Signature, typed	or printed name of registered as	ent and title	if applicable. (NO)II : Begiste	apA bare	ent signa	ure require	ed when reinstating)	DATE			
12.		OFFICERS AF			13				ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	DIRECTOR	RS IN 12	
TITLE	D			DELETE	1.1	TITLE					Change	Addition	
NAME		n, robert j			1.2	NAME							
STREET ADDRESS		.o verde dr.			1.3	STREET	ADDRES	s					
CITY-ST-ZIP	BOYNTO	N BEACH FL 33436			1,4	CITY-S	ST-ZIP						
TITLE	D			☐ DELETE	2.1	TITLE				. [Change	Addition	
NAME		O, JEANINE			2.2	NAME							
STREET ADDRESS		INEAPPLE TREE DR			2.3	STREET	r addrés	S					
City-St-ZiP		N BEACH FL 33426				4 CITY-S	ST-ZIP						
TITLE	D	A DARENT		DETELE		TITLE				; [Change	Addition	
NAME		O, ROBERT				NAME							
STREET ADDRESS		CHWOOD DR.				-	ADDRES	s					
CITY-ST-ZIP	DUCA KA	TON FL 33487		DELETE		I. CITY-S	S1 - ZIP			······································	Chanas	A stabletone	
TITLE				L. ULLETE		TITLE				L	Change	☐ Addition	
NAME ATOTET ADDOCES						2 NAMF							
STREET ADDRESS							ADDRES	٥					
CITY-ST-ZIP TITLE				☐ DELETE		i CITY - S I TITLE	51 - ZIP			.	Change	Addition	
NAME				□ Maric	1	NAME		-		, t	-1 Onenge	ADDITION	
STREET ADDRESS							r addres						
CITY-ST-ZIP					ı.			Ĭ		• .			
TITLE				DELETE		CITY-S	D1 - ZII'			i [Change	Addition	
NAME						NAME		1					
STREET ADDRESS					R		I ADDRES	s					
STREET REPORTS					0.0	PHILLI	. Applica	~					

14. I do 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.

FILED

Apr 28 1997 8:00am

Secretary of State