FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046907 (8)**

1. Corporation Name

FAMILY HOSPITALITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
24000 RAMPART BLVD PORT CHARLOTTE FL 33980	24000 RAMPART BLVD. PORT CHARLOTTE FL 33980

3. Date Incorporated or Qualified: **06/14/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27: 24100 Rampart Blvd.
City & State 28: Port Charlotte, FL
Zip 29: 33980 Country 30: USA

4. FEI Number: 65-0587108 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZITO, PAUL
24000 RAMPART BLVD.
PORT CHARLOTTE FL 33980

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 607.0505 and 607.1506, 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: _____ DATE: 4/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZITO, PAUL	1.2 NAME	
STREET ADDRESS	27406 TIERRA DEL FUEGO	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZITO, MICHELLE	2.2 NAME	
STREET ADDRESS	27406 TIERRA DEL FUEGO	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, was furnished and 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 added by an amendment with my address.

SIGNATURE: _____ 941 255 1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)