

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 # P95000048883 (9)

1. Corporation Name

FLORIDA BETA HOTEL CORP.



Principal Place of Business

200 WESTPARK DRIVE STE 200
PEACHTREE GA 30269

Mailing Address

200 WESTPARK DRIVE STE 200
PEACHTREE GA 30269

3. Date Incorporated or Qualified
06/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 2859 Paces Ferry Rd

2a. Mailing Address

26 2859 Paces Ferry Rd

Suite, Apt. #, etc

22 Suite 700

Suite, Apt. #, etc

27 Suite 700

City & State

23 Atlanta, GA

City & State

28 Atlanta, GA

Zip

24 30339

Country

Zip

29 30339

Country

30

5. Certificate of Status Desired

X

\$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

CT CORPORATION SYSTEM INC.
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing the registration

Signature of Registered Agent or Secretary

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MCATEER, WAYNE
STREET ADDRESS 200 WESTPARK DRIVE STE 200
CITY-STATE-ZIP PEACHTREE GA 30269

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2859 Paces Ferry Rd, Suite 700
1.4 CITY-STATE-ZIP Atlanta, GA 30339

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Sec. 1 Director
2.3 STREET ADDRESS Karen S. Hughes
2.4 CITY-STATE-ZIP 2859 Paces Ferry Rd, Ste 700
Atlanta, GA 30339

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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)(a), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen S. Hughes Vice President

4/20/96

770-434-3670

CR2E034 (12/95)