

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000051962**
1. Corporation Name
BRITISH HOSPITALITY MANAGEMENT INC.

Principal Place of Business: 4755 GULF BLVD. ST. PETERSBURG BCH. FL. 33706	Mailing Address: 3751 GULF BLVD. ST. PETERSBURG BCH. FL 33706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of this meeting: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 7/01/95 4. FEI Number 65-0593880 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMON JONES
345 39TH AVE.
ST. PETERSBURG, FL 33706**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 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, to 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: _____ (PRINT: Registered Agent's name (do not abbreviate)) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	TREASURER ☐ Change ☒ Addition
NAME	SIMON JONES	12 NAME	LISA JONES
STREET ADDRESS	345 39TH AVE.	13 STREET ADDRESS	345 39TH AVENUE
CITY-STATE-ZIP	ST. PETERSBURG, FL 33706	14 CITY-STATE-ZIP	ST PETERS BEACH FL 33706
TITLE	☐ DELETE	21 TITLE	DONNA JONES ☐ Change ☒ Addition
NAME		22 NAME	Secretary B
STREET ADDRESS		23 STREET ADDRESS	3751 GULF BOULEVARD
CITY-STATE-ZIP		24 CITY-STATE-ZIP	ST PETERS BEACH FL 33706
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I hereby certify that the information furnished herein 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 individual authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, Line B of the change of corporation information with the Secretary of State.

SIGNATURE: _____

Simon Jones.

4-30-98.

813-367-2748.

CR2E034 (10/97)