

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078581 (2)
1. Corporation Name

HOSPITALITY SPECIALISTS, INC.

FILED

96 NOV -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

Principal Place of Business Mailing Address
~~1820 E. HALLANDALE BEACH BLVD.~~
~~HALLANDALE FL 33009~~ ~~1820 E. HALLANDALE BEACH BLVD.~~
~~HALLANDALE FL 33009~~

2. Principal Place of Business 2a. Mailing Address
21 6278 N. FEDERAL HWY 26 6278 N. FEDERAL HWY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 130 27 Suite # 130
City & State City & State
23 Ft. LAUDERDALE FL 28 Ft. LAUDERDALE FL
Zip Country Zip Country
24 33308 25 USA 29 33308 30 USA

3. Date Incorporated or Qualified 10/13/1995 3a. Date of Last Report
4. FEI Number 65-067632 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PERLMAN, MARK
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009
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 leaving with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Mark Perlm DATE 10/28/96
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS
TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
1. PSTD
SMITH, LEON B
1004 NEWPORT S.
DEERFIELD BEACH FL 33442
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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