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FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000093793 (4)

1. Corporation Name

GELL HOSPITALITY GROUP, INC.



Principal Place of Business

4760 TAMiami TRAIL NORTH  
SUITE 22  
NAPLES FL 33940

Mailing Address

4760 TAMiami TRAIL NORTH  
SUITE 22  
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0626445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DARGAI, LANA K  
4760 TAMiami TRAIL NORTH  
SUITE 22  
NAPLES FL 33940

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
DARGAI, LANA K  
STREET ADDRESS 4760 TAMiami TRAIL NORTH #22  
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME PD  
LINDBACK, CHARLES G  
STREET ADDRESS 1202 A SPANISH CAY LANE  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME VD  
GALY, ALBERT J  
STREET ADDRESS 15161 CEDARWOOD LANE #1101  
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME TD  
LINDBACK, JAMES L  
STREET ADDRESS 4061 FOREST POINT DRIVE  
CITY-ST-ZIP MUSKEGON MI 49441

TITLE ☐ DELETE

NAME SD  
EKLUND, ROBERT  
STREET ADDRESS 210 COUNTRY CLUB ROAD  
CITY-ST-ZIP WHITEHALL MI

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE

*[Signature]*

2/12/98

941-434-2099

CR2E034 (10/97)