

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90091 006 ***150.00

DOCUMENT # **P95000094506**

1. Corporation Name

IMPERIAL HOTEL MANAGEMENT, INC.

Principal Place of Business

**C/O CORPLEX REALTY, INC.
6767 N. WICKHAM RD., SUITE 400
MELBOURNE FL 32940**

Mailing Address

**C/O CORPLEX REALTY, INC.
6767 N. WICKHAM RD., SUITE 400
MELBOURNE FL 32940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1995

4. FEI Number

59-3374092

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8298 NORTH WICKHAM RD.

Suite, Apt. #, etc.

2a. Mailing Address

26 8298 N. WICKHAM RD.

Suite, Apt. #, etc.

City & State

23 MELBOURNE FLORIDA

City & State

28 MELBOURNE, FLORIDA

Zip

24 32940

Country

25 USA

Zip

29 32940

Country

30 USA

9. Name and Address of Current Registered Agent

**JONES, BRIAN M
20 N. ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801**

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

☐ DELETE

TITLE **D**
NAME **MARCHESO, JOSEPH J.**
STREET ADDRESS **6767 N. WICKHAM RD., SUITE 400**
CITY-ST-ZIP **MELBOURNE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**8298 NORTH WICKHAM ROAD
MELBOURNE, FLORIDA 32940**

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/99

Date

407-255-0077

Daytime Phone #

CR2E034 (11/98)