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

PROFIT CORPORATION ANNUAL REPORT

1998-



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P960000 1934

HOSPITALITY PROCUREMENT

1~6.

Principal Place of Business

Mailing Address

2240 NE 625T

2240 NE 62 ST

May 17, 1999 8:00 am Secretary of State

05-17-1999 90071 049 ***150.00

FT LAND FL 33338 FT LAND FL 33008					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					i 8 96	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21					65 - 063 2125 Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Hequired	
City & State City & Sta					6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cu	irrent Registered Agent	8	1 Name	10. Name and Address of New Registered Agent	
11.		0.5-1	°	Name		
HAMMANN, ELIZABETAI 1008 SU 18TH COUNT FT LAUDERDAIR FL 3331J				2 Street Add	ddress (P.O. Box Number is Not Acceptable)	
ـــ سر	1 1 1 20 - 110 E	L 3331J	8:	3		
1-4.1	CA O BETODYIC I	-	8-	4 City	85 Zip Code	
				<u></u>	FL 10 Ep 5000	
11. Pursuant	to the provisions of Sections 607	'.0502 and 607.1508, Florida Sta State of Florida, Such change wa	itutes, the abou	ve-named corp v the corpora	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	
agent. La	m familiar with, and accept the o	obligations of, Section 607.0505,	Florida Statute	es		
SIGNATURE _		·				
	Signature, typed or printed name of register			gent signature requ	(uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	l	S AND DIRECTORS DELETE	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD		1.1 TITLE		_ onling _ Adding	
NAME	HAMMANN, E	MMANN ELIZABET				
STREET ADDRESS	1008 500 1874	200~T		ET ADDRESS		
CITY-ST-ZIP	FT LAUDERDA	DELETE	1,4 CITY- 2,1 TITLE		Change Additi	
TITLE		- Ottele			Change Addition	
NAME			2 2 NAME	1		
STREET ADDRESS				et address		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY 3.1 TITLE		☐ Change ☐ Addition	
TITLE		U DELETE	1		La Mange	
NAME			3 2 NAME	l.		
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NAME			4 2 NAM	-		
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 CITY -		☐ Change ☐ Addition	
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, NAME			5 2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP			5 4 CITY			
TITLE	•	☐ DELETÉ	6 1 TITLE		☐ Change ☐ Additi	
NAMÉ			6.2 NAME	E		

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.

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: EU21 DETH HAMMAN PROS Chyplett Lymn and SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)