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

DOCUMENT # P96000032553 OKV 1. Composition Name. Hotel Partners IN WHITEWATER

WHITEWATER HOTEL PARTNERS INC

Principal Place of Business __ ~ ~ ~ .

May 13, 1999 8:00 am Secretary of State

05-13-1999 90040 014 ***150.00

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TA	mpa, FL 33	623				
1 '''				DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualified MAY 1996		
7 Principal I	Place of Business	Do Malling Add		1-1/3 (r 45
⊢ :	CORIDA	2a. Mailing Address		4. FEI Number 59-3374142	<u> </u>	plied For
Suite-Apt	# ote	Suite, Apt. #, etc.	 	37-3319192	\$8.75	rt Applicable
22 10/2	50% 17284 /	27	200-	5. Certificate of Status Desired	Faa Ra	
City & Sta	ote O a	City & State	NV^{-}	A Classic Compine Singuine		
23 7 77	MPA FC	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zlo	Country	Zip	Country	8. This corporation owes the current year in		01000
24 33	62) IS US 12	29	30	Personal Property Tex.		No-
	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered	1 Agent	
0.4			81 Name			
1	haro A. MA	-	00 0000444	(D.O. Day M. Johns lo Mar Assessable)		
W 6	124 H	- TEVI N.	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
· -	•		83		•	
1	ARGO FL	33713			1 1	
	•		84 City	FI	85 Zip C	Code
11. Pursuani	t to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the above-named core	poration submits this statement for the purpose o	f chenging its	registered
amice or	registered agent, or both, in the State of	Florida, Such change was au	thorized by the corporati	on's board of directors. I hereby accept the appo	en as friendhia	gistered
	am familiar with and accept the obligation	ina or, Section 607.0305, Flori	da Statules.	1/120	100	
SIGNATURE	Signature, typed or printed name of registered basins	nd title if ecological in the TE-1	Registered Agent signature require	¥/30	<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	Prosident /DIA	CHOP DELETE	1.1 TITLE	:	☐ Change	Addition
NAME	I DAW JIDESC	· / / _	1.2 NAME	1		_
STREET ADDRESS		BOUTH	1.3 STREET ADDRESS			
CITY-ST-ZIP	RUTLAND UT		1.4 CZTY-ST-ZIP			
TIPLE	VICE President Sec	14. 12. 10 SELECT	11- 4-11- 11- 11- 1			
1		THE TOTAL PELLETE	2.1 TITLE		Change	☐ Addition
NAME	RICHARD A MA	CAR	2.1 TITLE 2.2 HAVE		Change	Addition
STREET ADDRESS		TAREN	22H44€		Change	☐ Addition
STREET ADDRESS	RICHARD A MAS 8029 1244 HEV LARGO FL 33	TAREN	2.2 MAME 2.3 STREET ADDRESS		Change	☐ Addition
}	8029 1244 ter	TAREN	22H44€		☐ Change	
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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, with all other like empowered.

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS