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

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if chang

City-St-2iP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1997 8:00am

Secretary of State

561.747.0108

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000048778 (0)

SOUTHERN HOSPITALITY GROUP, INC.

Principal Place of Business Mailing Address 6552-C CHASEWOOD DRIVE 6552-C CHASEWOOD DRIVE JUPITER FL 33458-5521 JUPITER FL 33458 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Indiantours Rd **65-0670645** 901 W. Indiantown 901 26 w. Not Applicable Suite, Apt. #, ctc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be orida 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 33458 USA Yes ☑ No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RUTECKI, MARK C 81 100 SE 2ND ST #3350 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 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 previous since of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. ☐ Change ☐ Addition DELETE TIT; F 1.1 TITLE RUTECKI, DAVID NAME 1.2 NAME 6552-C CHASEWOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS Jupiter Fl 33458 CITY - \$1 - 24P 1.4 CITY - \$T - ZIP DELETE THILE 2.1 TITLE Chance Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-\$1-20 2. 4 CITY-ST-ZIP DELETE ☐ Change TIDLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition | TILLE NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY - ST - ZIP DEFELE Change Addition TITLE 5.1 TITLE NAME: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-St-ZIP CH7-\$1-7P THILE □ DELETE 6.1 TITLE Change Addition

6.2 NAME

14. Ido 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP