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 # P96000077402 (1)

BOYNTON BEACH HOSPITALITY, INC.

Mailing Address

1515 NORTH FEDERAL HIGHWAY SUITE 300

Principal Place of Business

1515 NORTH FEDERAL HIGHWAY SUITE 300

FILED Feb 12 1998 8:00am Secretary of State



BOCA RATON FL 33432		BOCA RATON FL 33432			DO NOT WRITE IN THIS SPACE	
		* · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualified	
					09/17/1996	1
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0700438	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Cou	niry	8. This corporation owes or has paid the curre	ent year Intangible
24	9. Name and Address of Current		30	·	Personal Property Tax due June 30. 10. Name and Address of New Registered A	a 14- (ma) 11-
		Tiogratorou Agorit		81 Name	10. Hamo and Address of the Trogratered A	yone
HAHN, JEFFREY B CPA						:
1515 NORTH FEDERAL HIGHWAY			[82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 300			ŀ	83		
BO	CA RATON FL 33432		ľ			
			ſ	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		Hegistered	Agent signatura requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	n OFFICERS AND	DELETE	1.1 [1]	I.F.		Change Addition
NAME	GUARINI, PATRICK	Service of the servic	1.2 NA		•	
STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, SUITE 300				REET ADDRESS		:
CITY-ST-ZIP	BOCA RATON FL 33432	INI, SUITE SUU				
TITLE	0	DELETE	2.1 117	Y+ST+ZIP		Change Addition
NAME	SIMON, PETER		2.2 NA		•	
STREET ADDRESS	1515 NORTH FEDERAL HIGHY	AV SHITE SOO		REET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	IAT, COILE GOO	1	TY-ST-ZIP		
TITLE	DOOR INTOIT IE 30402	DELETE	3.1 TIT			☐ Change ☐ Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		1
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	4.1 TIT			Change Addition
NAME			4. 2 N/			
STREET ADDRESS				REET ADDRESS	k .	
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			☐ Change ☐ Addition
NAME		-	5.2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		!
TITLE		DELETE	61 TIT		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NA		•	The second secon
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			0.4 (1)	Y-ST-ZIP		

Thereby 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 agrual 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 receipt 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 attartype t without add or.

Sol- 394-0708