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

FILED
98 MAY 15 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079213

1. Corporation Name

BAYSHORE HOTEL CORPORATION

Principal Place of Business	Mailing Address
3016 U.S. Highway 301 N. Suite 400 Tampa, FL 33619	Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/24/96

2. Principal Place of Business	2a. Mailing Address
21 9260 Bay Plaza Blvd.	26 Same
22 Suite 501	27
23 Tampa, FL	28
24 33619	29
25 USA	30

4. FEI Number: 59-3401727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Brian M. Ross 100 S. Ashley Drive Suite 2200 Tampa, FL 33602	81 Name: Edgel C. Lester, Jr., Esquire 82 Street Address (P.O. Box Number is Not Acceptable): Carlton Fields 83 One Harbour Place 84 City: Tampa FL 85 Zip Code: 33602

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: Edgel C. Lester, Jr. (Signature of new registered agent, if appointed) (Registered Agent signature required when reinstating) DATE: 4-29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Abrahamson, Susan R.L. 5341 Gulf of Mexico Dr. Longboat Key, FL 34228 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Abrahamson, James A. 5341 Gulf of Mexico Dr. Longboat Key, FL 34228 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 200002528582--4 -05/19/98--01032--015 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lewis, Christopher R. 4609 Clarksdale Lane Brandon, FL 33511 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Lewis, James W. Jr. 4507 Country Gate Court Valrico, FL 33594 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lewis, Beth C. 4507 Country Gate Court Valrico, FL 33594 ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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.

SIGNATURE: Beth C. Lewis 5/13/98 813-621-8199
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E034 (10/97)