PROFIT CORPORATION ANNUAL REPORT



Mailing Address

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # P96000084983 1. Corporation Name

TDM HOSPITALITY, INC.

Principal Place of Business

181 OCEAN AVENUE 181 OCEAN AVENUE PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/10/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0710714 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5:00 May Bu City & State Trust Fund Contribution Added to Fees 28 23 Country Zip This corporation owes the current year Intangible Country Zip [] Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 stein PHETERSON, I J 82 400 SOUTH DIXIE HIGHWAY #420 **BOCA RATON FL 33432** 83 Palm Beach Shores FL 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, on 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2. OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE TITLE 12 NAME GOLDSTEIN, BRUCE M NAME 181 Ocean Ave. Palm Blach Shore: 1.3 STREET ADORESS 60 SOUTH 6TH STREET #2550 STREET ADDRESS MINNEAPOLIS MN 55042 1.4 CITY-ST-ZIF CITY-ST-ZIP ☐ DELETE .TITLE 21 TITLE 22 NAME NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CITY-ST-ZP

34 CITY-51-ZIP

2. 4 CiTY-ST-ZiP

3.1 TITLE

32 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

52 NAME

61 TITLE

62 NAME

DELETE~

□ DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP CITY-ST ZIP 14. I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify 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 project of the corporation or the receiver project of the corporation of the receiver project of Block 12 or Block 13(if changed, o it with an address, with all other like empowered.

SIGNATURE:

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

CITY ST ZIP

CITY-ST-ZIP

TITLE

HAME

TILE

NAME

TITLE

NAME

TITLE

NAME

ITED NAME OF SIGNING OFFICER OR DIRECTOR

·[] Change

[] Change

[] Change

[]Change

Acidition

Addition

Acidition

Ac dition

FILED

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90093 016 ***150.00