SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094769 (2)

GULF COAST HOSPITALITY GROUP, INC.

Principal Place of Business	Mailing Address
4300 GULF SHORE BOULEVARD NORTH	4300 GULF SHORE BOULEVARD NORTH
NAPLES FL 34103	NAPLES FL 34103

FILED Aug 12 1997 8:00am Secretary of State



22 City & State City & State 6. Election Campaign Financing \$	Applied For Not Applicable Not Not Applicable Not Not Applicable
NAPLES FL 34103	Applied For Not Applicabl 3.75 Additional Fee Required 5.00 May Be added to Fees ear Intangible No
3. Date Incorporated or Qualified 11/11/1996 2. Principal Place of Business 26 Mailing Address 4. FEL Number 9/19479 Suite, Apt. #, etc. 5. Certificate of Status Desired 5 Fel Number 9/19479 City & State City & State 6. Election Campaign Financing 7/19479 Zip Country Zip Country 8. This corporation owes or has paid the current year 1949 195 195 195 195 195 195 195 195 195 19	Applied For Not Applicabl 3.75 Additional Fee Required 5.00 May Be added to Fees ear Intangible No
2. Principal Place of Businoss 2a. Mailing Address 4. FE Number 3419479 Suite, Apt. #, etc. 5. Certificate of Status Desired 55. Certificate	Applied For Not Applicabl 3.75 Additional Fee Required 5.00 May Be added to Fees ear Intangible No
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Country 4. FE Number 4. FE Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. A Trust Fund Contribution 8. This corporation owes or has paid the current yete Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	Not Applicable 3.75 Additional Fee Required 5.00 May Be added to Fees ear Intangible No
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Signature of Status Desired F 6. Election Campaign Financing Financing F Trust Fund Contribution A Zip Country Signature Trust Fund Contribution A Zip Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent	Not Applicable 3.75 Additional Fee Required 5.00 May Be added to Fees ear Intangible No
Sufte, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution A This corporation owes or has paid the current ye Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	5.00 May Be kidded to Fees ear Inlangible
27	5.00 May Be Idded to Fees Pear Inlangible No
Trust Fund Contribution A Zip Country Zip Country 8. This corporation owes or has paid the current ye 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	added to Fees ear Intangible No
Zip Country Zip Country 8. This corporation owes or has paid the current yet Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	ear Intangible
25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	i □ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
	,
CEDENII DE LE DI ID	
ALAA OUR GUODE BAUETUADO MODELL	
4300 GULF SHORE BOULEVARD NORTH 82 Street Address (P.O. Box Number is Not Acceptable)	
NAPLES FL 34103	
84 City → 6 FL 85	Zip Code
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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyned or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE DELETE 11 THILE	hange 🔲 Additio
NAME PRATT, ALAN J 12 NAME	
STREET ADDRESS 4300 GULF SHORE BOULEVARD NORTH 1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103 1.4.CITY-ST-ZIP	hanne Additio
TITLE D DELETE 2.1 TITLE	hange L Additio
NAME SERENO, CHRISTOPHER J 2.2 NAME	
STREET ADDRESS 4300 GULF SHORE BOULEVARD NORTH 2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103 2. 4 CITY-ST-ZIP TITLE D DELETE 3.1 TITLE CT	hange Additio
	iange Noosio
NAME SERENO, PETER R JR. STREET ADDRESS 4300 GULF SHORE BOULEVARD NORTH 32 NAME 33 STREET ADDRESS	
115 D1 D2 D1	
CHY-ST-ZIP NAPLES FL 34103 34.CHY-ST-ZIP THE DELETE 41 THE C	hange Additio
NAME 4, 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	hange Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
5.4 CITY- \$1-2IP	
TITLE DELETE 6.1 TITLE C	hange Additio
NAME 62 NAME	,
STREET ADDRESS 6.3 STREET ADDRESS	
GITY-ST-ZIP 6.4 CITY-ST-ZIP	

14. I do 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 penort 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 charged or on an attachmony with an address.

8/11/07 CU1-2/2+17×8