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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094769 (2)

GULF COAST HOSPITALITY GROUP, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I HODIIDDA IK o ir ing baluk difiki bakk edilik ddi		WI	HI HILIH
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MAPLES FL 3		4300 GULF SHORE BOULI NAPLES FL 34103	EVARD NO	ЭRT	Н				
1771 220 12 04100						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified			
						11/11/1996			
· · ·	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26			59-3419479			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27	4			T. Commedia di Ciario Decirco	F	ee R	equired
City & State	ө	City & State	— '			6. Election Campaign Financing \$5.00 May Be			
Zip Country Zip			Country			Trust Fund Contribution	A	dded	to Fees
	Country Zip			itry		8. This corporation owes or has paid th			
24	9. Name and Address of Curre		30			Personal Property Tax due June 30.	☐ Yes		□ No
		ur uedisteren wähut		B1	Name	10. Name and Address of New Registe	red Agent		
SERENO, PETER R JR.				"	Ivairie				
4300 GULF SHORE BOULEVARD NORTH NAPLES FL 34103			[8	32	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
			ļ.,	33					
			*	33					
			ε	34	City		FL 85	Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statuto	s the abo	240	named corp	gration cultimits this statement for the		-!:	<u> </u>
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the oblig	o of Florida. Such change was air pations of, Section 607.0505, Flor	uthorized rida Statu	by tes	the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	se or chang appointme	ant as	ts registered registered
SIGNATURE									
	Signature, typed or printed name of registered ag		_	Ager	nt signature require		ATE		
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
	D DELETE		1.1 TITLE				☐ Ch	ange	Addition
NAME	PRATT, ALAN J			1,2 NAME					
STREET ADDRESS	4300 GULF SHORE BOULEV	ard North	1.3 STAL	EET A	ADDRESS				ĺ
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST-ZIP		-ZIP				
TITLE	D DELETE			2.1 TITLE 2.2 NAME			L_ Ch	iange	☐ Addition
NAME	SERENO, CHRISTOPHER J			ΙE					
STREET ADDRESS	4300 GULF SHORE BOULEV	ARD NORTH	2.3 STRE	EET A	ADDRESS				
City-ST-ZIP	NAPLES FL 34103				T-ZIP				
TITLE	D DELETE			E			☐ Ch	ange	Addition
NAME	SERENO, PETER R JR.		32 NAME						
STREET ADDRESS	TOTAL COLORIE DOODE THE TOTAL		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	NAPLES FL 34103		_	3 4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	E			Ch	ange	Addition
NAME			4. 2 NAME		ĺ				
STREET ADDRESS	SS		4.3 STRE	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE 5		5.1 TITLE	5.1 TITLE			☐ Ch	ange	Addition
NAME			5.2 NAM	Ε					
STREET ADDRESS			5.3 STRE	ET A	NDDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-	- ZIP				
TITLE		DELETE	6.1 TITLE				☐ Chi	ange	☐ Addition
NAME			6.2 NAM	E				_	
STREET ADDRESS			6.3 STRE	ET A	LOORESS				
CITY-ST-ZIP			SA CITY	. СТ.	. 710				

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 an attachment with an address.

941-263-1662