

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103739 (4)

1. Corporation Name

R & A HOTELS, INC.

Principal Place of Business

450 EAST LAS OLAS BLVD.
STE. 700
FORT LAUDERDALE FL 33301
US

Mailing Address

450 EAST LAS OLAS BLVD.
STE. 700
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

4. FEI Number

65-0714888

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

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

GARDINA, CAROL J
450 EAST LAS OLAS BLVD.
SUITE 700
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN H	
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 700	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS, PETER H	
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 700	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STIRK, ROBERT J	
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 700	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DI IORIO, NICHOLAS J	
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 700	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALLMAND, JAMES R III	
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Robert J. Stirk

Robert J. Stirk

4/27/98

954-524-5336

CR2E034 (10/97)