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

DOCUMENT # P9700005501 (6)

FLAGSTAFF HOTEL ASSETS, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I TOURISON FOR LOURI TOURL BUILL BUILL BUILL	88181 81181 81111 8818 1181 1881
325 FIFTH AVE. 325 FIFTH AVE.			VE.				
INDIALANTIC FL 32903		INDIALANTK	INDIALANTIC FL 32903			DO NOT MEDITE IN TAIL	0.004.05
						DO NOT WRITE IN THI 3. Date Incorporated or Qualified	5 SPACE
						01/14/1997	
2. Principal P	Place of Business	2a, Mailing Ad	ddress			4. FEI Number	Applied For
21		26				58-1943719	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			, , ,	\$8.75 Additional
22 #207		27 #20	27 #207			5. Certificate of Status Desired	Fee Required
City & Stat	θ		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ		Country		8. This corporation owes or has paid the o	
24	25	29	30			Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent MOONIN LAUDEN D 81						10. Name and Address of New Registere	d Agent
KOONIN, LAUREN B					Name		
325 FIFTH AVE.				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
INDIALANTIC FL 32903					_#···		
•				83	#20	2	
				84	City		85 Zip Code
dd Dweyent	ta the are delegated at Continue	007.0000 mid 007.4500. EU	arida Olas da a de			F	
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 pruted name of registered agreet and title if applicable (NOTE: Registered Agent signature required when roinstating) DATE							
12.		ERS AND DIRECTORS		13.	in algrancie re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D			1.1 TITLE		A STATE OF THE STA	Change Addition
NAME	THOMPSON, C W		1	1.2 NAME			
STREET ADDRESS	325 FIFTH AVE.		1	1.3 STREET	address		
CITY-ST-ZIP	INDIALANTIC FL 3290	3	1	1.4 CITY-S	T-ZIP		
TALE	D		DELETE 2	2.1 TITLE			Change Addition
NAME	Faust, Charles R		2	2.2 NAME			
STREET ADDRESS	4114 NO OCEAN DRIV		1	2.3 STREET	ADORESS		·
CITY-ST-ZIP	LAUDERDALE-BY-THE	-SEA FL 33308		2. 4 CITY - 5	ST-ZIP		
TITLE	D		DELETE 3	3.1 TITL€	_		Change Addition
NAME	VOLKERT, LEON		3	3.2 NAME			
STREET ADDRESS	4114 NO OCEAN DRIV		3	3.3 STREFT	ADDRÉSS		1
CITY-ST-ZIP	LAUDERDALE-BY-THE	···		3.4. CHY-S	I-ZIP		
TITLE	U	Ц		4 1 TITLE			☐ Change ☐ Addition
NAME	KOONIN, LAUREN B			4 2 NAME	1		
STREET ADDRESS	325 FIFTH AVE.	a		4 3 STHEET	ľ		
CITY-ST-ZIP	INDIALANTIC FL 3290		D. S. C. D. C. C.	4.4 CITY-S	1 - 71P		Change Addition
TITLE		LJ		51 TITLE			☐ Change ☐ Addition
NAME				5 2 NAME			
STREET ADDRESS				3 STREET			
CITY-ST-ZIP TITLE				5.4 C/TY - S1	I - ZiP		Change Addition
NAME				S.1 TITLE			CT ANDHOUSE CT WROHIOU
				S.2 NAME	ADMORAC		
STREET ADDRESS				S.3 STREET			
CITY-ST-ZIP		disability and all all and all all all all all all all all all al	<u> </u>	6.4 CITY - ST	1-21P		

Thereby 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 supplomental 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.