## 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 # 1. Corporation Name P97000041634 (1)

SOUTHEAST HOTEL MANAGEMENT, INC.

## **FILED** May 07 1998 8:00am Secretary of State



ONOT WRITE IN THIS SPACE  ONOT WRITE IN THIS SPACE  2. Principal Place of Businoss 2. Mailing Address 3. Date Incorporated or Qualified 05/09/1997  2. Principal Place of Businoss 2. Mailing Address 3. Date Incorporated or Qualified 05/09/1997  2. Principal Place of Businoss 2. Mailing Address 3. Date Incorporated or Qualified 05/09/1997  4. FEI Number 5. Certificate of Status Desired   Applied For Not Applied For Not Applied Fee Required 2. City & State   S. Election Campaign Financing   S.0.00 May Be Added to Fees 2. Principal Place of Status Desired   S. Election Campaign Financing   S.0.00 May Be Added to Fees 2. Principal Place of Status Desired   S. Election Campaign Financing   S.0.00 May Be Added to Fees 2. Principal Place of Status Desired   S. Election Campaign Financing   S.0.00 May Be Added to Fees 2. Principal Place of Status Desired   S. Election Campaign Financing   S.0.00 May Be Added to Fees 2. Principal Place of Status Besides 2. Election Campaign Financing   S.0.00 May Be Added to Fees 3. Date Incorporation owns or has paid the current year Intangible Personal Property Tax due June 30   S. Yos   No Added to Fees 3. Name and Address of New Registered Agent  4. FEI Number 4. FEI
DO NOT WRITE. IN THIS SPACE  3. Date Incorporated or Qualified  05/08/1997  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified  05/08/1997  4. FEI Number 5. Gerificate of Status Desired 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 5. Certificate of Status Desired 3. State 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 8. This corporation oves or has paid the current year Intangible Personal Property Tax due June 30. Trust Fund Contribution 8. This corporation oves or has paid the current year Intangible Personal Property Tax due June 30. Trust Fund Contribution 8. This corporation oves or has paid the current year Intangible Personal Property Tax due June 30. Trust Fund Contribution 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.1508. Florida Statutes 82. Street Address (P.O. Box Number is Not Acceptable)  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607.1508. Florida Statutes  15. Trust Fund Contribution 15. Certificate of Statutes 15. Certificate o
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified U5/09/1997 4. FEI Number 579 3 4 4 5 853
2. Principal Place of Businoss 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 5. G. Rei Number 5. G. Rei Number 5. G. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   5.9 34.4/5853   Not Applied For Not App
Suite, Apt. #, etc.  Suite Addition Campaign Financing
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   Sta
City & State   City
City & State 23  City & State 28  City & State 28  Country 29  Country 30  Country 40  Country 41  Country 42  Country 42  Country 43  Country 44  City 45  Country 45  Country 46  Country 47  Country 47  Country 47  Country 47  Country 48  This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Country 47  Country 48  This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Country 40  Co
Trust Fund Contribution
Zip Country Zip Country Zip Country Signature, typed or penter tingne or registered agent with under accept the obligations of Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent with under accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, by both or penter tingne or registered agent, by both or penter tingne or registered and both applicable.  SIGNATURE  D DELETE 11 TITLE  NAME  MAHOOD, ROGER W  113 STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL 32174  By Version or Penter tingne or registered agent agent and both applicable. Signature, typed or penter tingne or registered and both applicable. Signature, typed or penter tingne or registered and both applicable. Signature, typed or penter tingne or registered and both applicable. Signature, typed or penter tingne or registered and both applicable. Signature, typed or penter tingne or registered agent
Personal Property Tax due June 30.
MAHOOD, ROGER 101 SOUTH CAPRI DRIVE ORMOND BEACH FL 32174  82 Street Address (P.O. Box Number is Not Acceptable)  83
101 SOUTH CAPRI DRIVE ORMOND BEACH FL 32174  82 Street Address (P.O. Box Number is Not Acceptable)  83   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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  84 City  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  86 City  87 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  88 Signature required when reinstating  12. OI FICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. City Signature required when reinstating  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Additional Change Addi
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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OLF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, tyled or penter inspec of registered agent and total applicable  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE NAME MAHOOD, ROGER W  SIREET ADDRESS 101 SOUTH CAPRI DRIVE ORMOND BEACH FL 32174  14 CITY-SI-ZIP  ORMOND BEACH FL 32174
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE 11 THLE NAME MAHOOD, ROGER W 12 NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE         D         DELETE         11 TITLE         Change         Addition           NAME         MAHOOD, ROGER W         12 NAME         12 NAME         101 SOUTH CAPRI DRIVE         13 STREET ADDRESS         13 STREET ADDRESS         14 CHY-SI-ZIP         14 CH
NAME         MAHOOD, ROGER W         12 NAME           STREET ADDRESS         101 SOUTH CAPRI DRIVE         1.3 STREET ADDRESS           CITY-ST-ZIP         ORMOND BEACH FL 32174         1.4 CITY-ST-ZIP
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CITY-ST-ZIP 6.4 CITY-ST-ZIP
14. 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
14. 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 informatic 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