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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra Br-Meithern

FILED

Feb 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

| 1. Corporatio | MENT # P97000 SQUARE HOSPITALITY INC | 0047782 (2 | 2) | |
|--|---|---|---|---|
| LAIN | OGDANE HOURITALITY INC | 1 | | |
| Principal Plac | e of Business | Mailing Address | | I IDDRIDDE IID IDRE IDDRII DDRII OCHT OCHT OCHT OCHT OCHT OCHT OCHT OCHT |
| 5401 KIRKMAN RD SUITE 525 | | 5401 KIRKMAN RD SUITE 525 | | DO NOT HIDITE IN THE CRACE |
| orlando f | L 32819 | ORLANDO FL 32819 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| | | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 05/28/1997 4. FEI Number Applied For |
| 21 | | 26 | | 59 - 345 1842 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | SR 75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired Fee Required |
| City & Stat | Θ - | City & State | | Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution |
| Zip | Country | 7 φ | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 25 Name and Address of Curren | 1 Registered Agent | [30] | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| - | | t Hegistered Agent | 81 Name | ID. Hallo allo Hadross of their Hogistered Agent |
| | UPTA, SURESH K | | | |
| | 101 KIRKMAN RD JITE 525 | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) |
| | RLANDO FL 32819 | | 83 | |
| | 12010 | | | |
| | | | 84 City | FL 85 Zip Code |
| 11. Pursuant to the provisions of actions 60,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again of both, in the State of Florida Suem change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia at 1 and accept the obligations of Section 607.0505, Florida Statutes. | | | | |
| office or a | registered agon, or both, in the State im familia: the and accept the obliga | of Florida. Such change was itions of, Section 607.0505, F | s authorized by the corpora Torida Statutes. | ation's board of directors. I heroby accept the appointment as registered |
| SIGNATURE | Marke | SURESH K. | GUPTA | President 1.06.98 |
| | | ni and ble d'applicable (NC | III - Registered Agent signature requ | |
| 12. | OFFICERS AND | D DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | GUPTA, SURESH K | - Differit | 1.1 TITLE 1.2 NAME | |
| NAME Street address | 5401 KIRKMAN RD SUITE 52 | R. | 1.3 STREET ADDRESS | |
| | ORLANDO FL 32819 | J | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP TITLE | DVT | DELETE | 2.1 TITLE | Change Addition |
| NAME | DESHPANDE, ANIL | | 2.2 NAME | |
| STREET ADDRESS | 5401 KIRKMAN RD SUITE 52 | 5 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32819 | • | 2 4 CITY - ST - 7IP | |
| TITLE | | DELFTE | 3.1 1DLF | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4. Cf1 Y - S1 - 7IP | |
| TITLE | | ☐ DELETE | 41 TITLE | Change Addition |
| NAME | | | 4. 2 NAMÉ | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | T DELETE | 4 4 C/1Y - S1 - Z/P | PROPERTY Change Clausier |
| TITLE | | Ĺ DELET€ | 51 TITLE | RECEIVED Change Addition |
| NAME | | | 5 2 NAME | JAN 2 8 1998 |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ן סכבו ס אותנ |
| CITY-ST-ZIP | | ☐ DECETE | 5.4 C(1Y - S1 - 7(P) 6.1 Title | PV: Change Addition |
| TITLE | | [] MILLIE | 6.2 NAME | BY: Change Addition |
| NAME CAREET ADDRESS | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |

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 the receiver of the corporation of the receiver of the rec