

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90222 029 ***150.00

DOCUMENT # P97000056069

1. Corporation Name

JACARANDA HOSPITALITY, INC.

Principal Place of Business

**3311 US HWY. 98 N.
LAKELAND FL 33085**

Mailing Address

**3311 US HWY. 98 N.
LAKELAND FL 33085**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1997

2. Principal Place of Business

21 400 commercial court

Suite, Apt. #, etc.

22 Venice FL 34292

23 34292

City & State

24 Zip Country 25 Sarasota

2a. Mailing Address

26 4675 north Tamiami Trl

Suite, Apt. #, etc.

27 Sarasota FL 34234

28 34234

City & State

29 Zip Country 30 Sarasota

4. FEI Number

62-1701955

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GURAN, ZENON
3311 US HWY. 98 N.
LAKELAND FL 33085**

10. Name and Address of New Registered Agent

81 Name

Bohdan T. Guran

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

4675 North Tamiami Trail

83 Sarasota

84 City

**FL 85 Zip Code
34234**

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 **P** ☐ DELETE
NAME **GURAN, ZENON**
STREET ADDRESS **3311 U.S. HIGHWAY 98 NORTH**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres.** ☒ Change ☐ Addition
1.2 NAME **Bohdan T. Guran**
1.3 STREET ADDRESS **4675 North Tamiami Trail**
1.4 CITY-ST-ZIP **Sarasota, FL 34234**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V.P.**
2.3 STREET ADDRESS **Zenon Guran**
2.4 CITY-ST-ZIP **3311 U.S. 98 North Lakeland FL 33805**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Z. Guran ZENON GURAN

2/5/99

Date

941-688-7972

Daytime Phone #

CR2E034 (11/98)