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 # P97000056114 (6)

MACMARGE HOTEL, INC.

Principal Plac		J	Mailing Address			Treating the last test series and series are series and series and series and series are series and series and series and series are series and series are series and series and series are
2349 CENTRA	NL AVE URG FL 33713	• • • • • • • • • • • • • • • • • • • •	2349 CENTRAL AVE			
O PEICHOD	UNG FL 33/13	SI PETENSBUNG PL S	ST PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE
į						3. Date Incorporated or Qualified
						06/25/1997
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 21/52707 Applied For
21		26	26			39-370 3787 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	¬			5. Certificate of Status Desired \$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27	City of City			Fee Hequired
City & Stat	е	├ ─	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	7 60	untry	,	Trust Fund Contribution
24	25	29	30	unny	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
29	g. Name and Address of Curr		[30]	γ		10. Name and Address of New Registered Agent
TA.	TELBAUM, CHARLES M			81	Name	
911 CHESTNUT ST				L		
CLEARWATER FL 34616				82 Street Address (P.O. Box Number is Not Acceptable)		
ODENNIATEN PE 34010				83	-	
				84	City	S Zip Code
11. Pursuant	to the provisions of Sections 607.09	02 and 607.1508, Florida Stat	utes, the a	bovi	e-named	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both in the Sta on familiar with, and accept the obt	te of Horida. Such change wa	s authorize	ed by	the corp	rporation's board of directors. I hereby accept the appointment as registered
•	art ignification with the description of	gritterio er, occitori cor.cood,	i ionda die	iidie.	5.	
SIGNATURE	Signature, typed or printed name of registered a	gent and idle if applicable (N	O?E Registere	d Age	ent signature	re required when reinstating) DATE.
12.	OFFICERS A	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u>-</u>	DELETE	1.1 T	ITLE		V. P. Change Addition
NAME			1.2 N	IAME		ROBERT B MACGREGOK
STREET ADDRESS			1.3 S	TRÉET	ADDRESS	ROBERT B MACGREGOR 2349 CENTRAL AVE ST PETERSBURG FLA 33713
CITY-ST-ZIP			1.4 (ITY-S	iT-ŽIP	ST PRTERSBURG FLA 33 113
TITLE		DELETE	2.1 T	2.1 TITLE		Change Addition
NAME			2.2 /	ame	[
STREET ADDRESS			2.3 \$	TREÉT	ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2.40	2. 4 CITY - ST - Z		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 9	TREET	ADDRESS	
CITY-ST-ZIP					ST-2IP	
TITLE		☐ DELETE	4.1 T	HTLE	}	Change Addition
NAME			4.21	MAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			440	ITY-S	1 - 7/P	

64 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). Plorida 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 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 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 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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Short BMacGregor V ROBER

DELETE

DELETE

R 813327580

Change

Change

Addition

Addition

FILED

May 04 1998 8:00am

Secretary of State