## 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 # P97000058357 (9)

**ANCON HOSPITALITY CORPORATION** 

## FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					n ingeließe tie fetti fent, beitt neitt neitt neite neite neite filte eiter		
3711 NORTH OCEAN BLVD. 3711 NORTH OCEAN BLVD.							
FORT LAU	DERDALE FL 33308	FORT LAU	DERDALE FL 33	1308		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/02/1997	
2. Principa	I Place of Business	2a. Mailing	Address			4. FEI Number Applied For	
21		26	26			05-0769194 Not Applicable	
Suite, A	pt. #, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27	<del>+</del>			Fee Required	
City & S	tate	City & St	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	<b>├</b> ──┐			Country		8. This corporation owes or has paid the current year Intangible	
24	25 25 Name and Address of	Current Begistered Acc		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
		Culterit Hagisteren Ağı	JIII	61	Name	(U. Maine alle Address of New Anglistered Agent	
	Wagner, John 3711 North Ocean Blvd.						
	FORT LAUDERDALE FL 3330	no.	82 St		Street Ad	ddress (P.O. Box Number is Not Acceptable)	
<b>'</b>	OUT PHODE UNAME LE 9990	TU .		83			
1.4				84	City	FL 85 Zip Code	
11. Pursua	int to the provisions of Sections F	507 0502 and 607 1508 I	Florida Statules	s the above	e-named co	orporation submits this statement for the purpose of changing its registered	
office o	or registered agent, or both, in the	e State of Florida. Such o	change was au	thorized by	the corpo	ration's board of directors. I hereby accept the appointment as registered	
1		e obligations or, Section	gur.uaua, nor	iga Statutes	5.		
SIGNATUR	Signature, typed or printed name of regis	stercid agost and title if applicable	(NO1E:	Registered Age	int signature re	quired when reinstating) DATE	
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO		DELETE	1.1 TITLE		Change Addition	
NAME	WAGNER, JOHN	•••		1.2 NAME			
STREET ADDRES				1.3 STREET	ADDRESS		
CITY+ST-ZIP	<b>FO</b> RT LAUDERDALE FL			1.4 CITY - S	T-ZIP		
TITLE	70		_ DELETE	2.1 TITL€	i	Change L. Addition	
NAME	POLIDORO, WILLIAM			2.2 NAME			
STREET ADDRES				2.3 STREET	ADDRESS	**	
CITY-ST-ZIP	FORT LAUDERDALE FL			2. 4 CITY - 9	ST - ZIP		
TITLE		L	DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME	İ		
STREET ADORES	22			3.3 STREET	ADDRESS		
CITY-ST-ZIP			Dourse	3.4. CITY - S	ST-ZIP		
TITLE		Ĺ.	DELETE	4.1 TITLE		LJ Change LJ Addition	
NAME				4, 2 NAME			
STREET ADDRES	SS			4.3 STREET	ŀ		
CITY-ST-ZIP			DELETE	4.4 CITY - S	1-ZIP	Ob.,	
TITLE		L	DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADORES	SS			5.3 STREET			
CITY-ST-ZIP			DELETE	5 4 CITY - S	T-ZIP	Change   Laddition	
TITLE		L	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRES	SS			6.3 STREET			
CITY-ST-ZIP	1			6.4 CITY - S	T- <b>Z</b> (P		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 open attachment with an address.

SIGNATURE:

.

4-23.98

9545633400