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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064198 (9)

ELJH ORLANDO, INC.

Principal Place of Business Mailing Address 201 N. FRANKLIN STREET, SUITE 2100 P.O. BOX 3433 **TAMPA FL 33602** TAMPA FL 33601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1997 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3200 Lawn 59-3466234 3200 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Tampa Tampa Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 3361 33611 Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes A No 30 Personal Property Tax due June 30. 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAMAHA, STEVEN M 201 N. FRANKLIN STREET, SUITE 2100 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. TITLE DELETE 11 TITLE Change Addition SAMAHA, STEVEN M. NAME SAMAHA, STEVEN M 1.2 NAME FRANKLEN street, Snite 2000 STREET ADDRESS 201 N. FRANKLIN STREET, SUITE 2100 1.3 STREET ADORESS **TAMPA FL 33602** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TOTLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME **4.2 NAME** 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE

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 a litachment with an address.

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

1/6/98

FILED

Apr 15 1998 8:00am

Secretary of State

813202 1313

Change

Addition