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

DOCUMENT # P9700064586

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90048 013 ***150.00

PONCE	DE LEON HOTELS OF ORL	ANDO, ING.	w		-	· · · ·					
Deineinal Diag	a of Deciman	Moiling Adds									
Principal Place of Business Mailing Address											
6649 WESTWOOD BOULEVARD #130 6649 WESTWOOD BOULEVAR ORLANDO FL 32821 ORLANDO FL 32821					U #130						
OREMIDO LE OZOZI							DO NOT WRITE IN THIS SPACE				
							3. Date Incor	porated or Qua	ifed		
					•	Ì	07/25/1	997	•		
2. Principal P	lace of Business	2a. Mailing A	ddress.				4. FEI Numb	er		Α	pplied For
21		26					59-3464	1118			ot Applicable
Suite, Apt.	#, etc.	Suite, Ap	it. #, etc.			•	5 Certificate	of Status Desire	ed 🗆	~ - · · · -	Additional
22		27					V. Octatodic			Fee R	equired
City & State	e	City & St	ate					ampaign Financ	ing 🗆	-	May Be
23		28						d Contribution			to Fees
Zip	Country	Zip		Country	'			oration owes the	current yea		
24	25	29	30	<u>) </u>				Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Age	ant		- Name		10. Name and	d Address of N	ew Registe	ered Agent	
	CODDODATION CYCTEM			81	Name ,						
	CORPORATION SYSTEM	82 S			Street A	Address	s (P.O. Box Nu	ımber is Not Ac	ceptable)		
	SOUTH PINE ISLAND ROAD										
PLAI	NTATION FL 33324	.	*	_ 83						-	
				84	City					FL 85 Zip	Code
	to the provisions of Sections 607.0502			45 6			dia a a chamita th	nie etotomont fo			e registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such c	hange was auth	onzed by	the corpo	ration's	s board of dire	ctors. I hereby a	ccept the a	appointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE: Pa	oistered Ace	nt evaneture re	ouired wh	hen reinstating)	_	DA1	TE	.
12,	OFFICERS AN		(NOTE: No	13.	digilistate 10	.44.00 111		S/CHANGES TO		S AND DIRECT	ORS IN 12
TITLE	D		DELETE	1.1 TATLE		P5.	T.D			☐ Change	Addition
NAME	KESSLER, RICHARD C			1.2 NAME		• -					
STREET ADDRESS	6649 WESTWOOD BOULEVARD	1 #130		•	T ADDRESS						
	ORLANDO FL 32821	7 # 100		1.4 CITY-S							
CITY-ST-ZIP TITLE	ORLANDO PE 32021] DELEȚE	2.1 TITLE	1-21	V				Change	X Addition
		-	3 0222,2	2.2 NAME		MIT	CHELL !	LOBEILT	د.		-
NAME					TADORESS	11.40	9 Wester	ROBGRIT 1000 Bours	OSAP	出30	
STREET ADDRESS				1		40	ambo fi	3282	1		
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NAME					T ADDRESS						
STREET ADDRESS											
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NAME				4.2 NAME							
STREET ADDRESS	,				T ADDRESS						
CITY-ST-ZIP] DELETE	4.4 CITY-S	1-ZIP					☐ Change	Addition
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NAME					TADDDCCC						
STREET ADDRESS				,*	1 ADDRESS						
CITY-ST-ZIP				5.4 CITY-S 6.1 TITLE	11-211					☐ Change	Addition
TITLE		L	DELETE								
NAME	,			6.2 NAME							
STREET ADDRESS				6.3 STREE	TADDRESS						

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 anadenment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: