

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071067 (7)

1. Corporation Name

MINCH HOSPITALITY CORPORATION

Principal Place of Business

3802 W DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33614

Mailing Address

3802 W DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4101 SW 38 Ave	26	59-3464481	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 Ocala, FL	28	8. This corporation owes or has paid the current year Intangible	
Zip	Country	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 34474	25 MARION	29	30

9. Name and Address of Current Registered Agent

TATE, MARK T
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

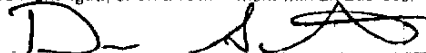
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP
Chairman, D <input type="checkbox"/> DELETE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Harold Z. Steinbrenner	Jennifer S. Swindal
3802 Dr. MLK Blvd-Legends Field	3802 Dr. MLK Blvd-Legends Field
Tampa, FL 33614	Tampa, FL 33614
PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE
Stephen W. Swindal	2.2 NAME
3802 Dr. MLK Blvd-Legends Field	2.3 STREET ADDRESS
Tampa, FL 33614	2.4 CITY-ST-ZIP
Vice-President, D <input type="checkbox"/> DELETE	3.1 TITLE
Henry G. Steinbrenner	3.2 NAME
3802 Dr. MLK Blvd-Legends Field	3.3 STREET ADDRESS
Tampa, FL 33614	3.4 CITY-ST-ZIP
VP & Secretary, D <input type="checkbox"/> DELETE	4.1 TITLE
Donald A. Steimle	4.2 NAME
3810 NW Blitchton Road	4.3 STREET ADDRESS
Ocala, FL 34482	4.4 CITY-ST-ZIP
Treasurer <input checked="" type="checkbox"/> DELETE	5.1 TITLE
Joseph A. Molloy	5.2 NAME
3802 Dr. MLK Blvd-Legends Field	5.3 STREET ADDRESS
Tampa, FL 33614	5.4 CITY-ST-ZIP
Director <input type="checkbox"/> DELETE	6.1 TITLE
Jessica A. Molloy	6.2 NAME
3802 Dr. MLK Blvd-Legends Field	6.3 STREET ADDRESS
Tampa, FL 33614	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.

SIGNATURE:

 DONALD A. STEIMLE

2-13-98 (352) 732 3131

CP2E034 (1097)