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 # P97000088346

1. Corporation Name

STEWART HOSPITALITY GROUP, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90148 003 ***150.00



Principal Place	of Business	Mailing Address						
1005 MERIEN C	OURT	1005 MERIEN COURT						
OVIEDO FL 32765		OVIEDO FL 32765				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/10/1997		
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
		1 261 401 W. STATE RD. 434			134	59-3475251 Not Applicable		
Suite, Apt. 3		Suite, Apt. #, etc.	-EKU	, •		\$8.75 Additional		
22	117	27 //7				5. Certifc te of Status Desired		
City & S:ate		City 9 Ct-t-				6. Election Campaign Financing \$5.00 May Be		
		28 LONGWOC'	D. /	- L	_	Trust Fund Contribution Added to Fees		
Zip	GWODD, FL Country	Zip	Cour	ntry		8. This corporation owes the current year intangible		
24 327					NOLE	Personal Property Tax.		
	9. Name and Address of Current					10. Name and Address of New Registered Agent		
				81	Name			
STEWART, ROBERT E					Street Acd	cdress (P.O. Box Number is Not Acceptable)		
1005	MERIEN COURT			82	Sueet ACU	Cureso (i .o. Dox Hullinoi io Hot Acceptable)		
OVIEDO FL 32765			Ì	83				
			}	0.4	City	85 Zip Code		
				84	City	FL 3 2 5 5 5 5 5 5 5 5 5		
agent. ⊨ar SIGNATURE	n familiar with, and accept the obligation	ons of, Section 607.0505, Fig	rida Statu	tes.		etion's board of cirectors. I hereby accept the appointment as registered		
12.	OFFICERS AND		13.	-yen	aignature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S IN 12		
TITLE	D STREET	DELETE	1,1 TITI	LE		Change Addition		
NAME	STEWART, ROBERT E		1.2 NA					
	1005 MERIEN COURT				ADDRESS			
STREET ADDRESS	OVIEDO FL 32765		1.4 CIT		ľ			
TITLE	PD	☐ DELETE	2.1 TIT		-	☐ Change ☐ Addition		
			2.2 NA					
NAME SYDEET ADDRESS	STEWART, JEFFREY E 1005 MERIEN COURT				ADDRESS			
STREET ADDRESS			2.4 CF		1			
CITY-ST-ZIP	OVIEDO FL 32765	☐ DELETE	3.1 TIT		· ZIF	☐ Change ☐ Addition		
TITLE	CTCWART RAPRY D		3.2 NA					
NAME STREET ADDRESS	STEWART, BARRY D 1005 MERIEN COURT		9		ADDRESS			
			3.4. CF		i			
CITY-ST-ZIP TITLE	OVIEDO FL 32765 SD	DELETE	4.1 TIT			.SD Change Addition		
NAME	STEWART, REBECCA S	<u> </u>	4. 2 NA			PERECCA STEWART NAGEL		
	1005 MERIEN COURT		1		ADDRESS	REBECCH STEWART NAGEL 202 4th AVENUE		
STREET ADDRESS	OVIEDO FL 32765				7ID	INDIALANTIC, FL 32903		
TITLE	OVIEDO PE 32/03	☐ DELETE	4.4 CIT 5.1 TIT		LII ,	Change Addition		
NAME			5.2 NA			· _		
					ADDRESS			
STREET ADDRESS			5.4 CIT					
CITY-ST-ZIP		☐ DELETE	6.1 TIT			Change Addition		
TITLE	•		6.2 NA)			
NAME					ADDRESS			
STREET ADDRESS			6.4 CIT					
CITY-ST-ZIP			0.4 011	1-31-				

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, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR