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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P97000089212 (9)

SOUTHERN HOSPITALITY DEVELOPERS, INC.

Mailing Address Principal Place of Business C/O 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER C/O 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER

MIAMI FL 33131		MIAMI FL 33191	MIAMI FL 33131		DO NOT WHITE IN THIS STACE	
					3. Date incorporated or Qualified 10/16/1997	
2. Principal P	lace of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For
21		26	26		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New Register	ed Agent
FR	IEDBAUER, ROGER		8	1 Name		
C/O 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER			- -	82 Street Address (P.O. Box Number is Not Acceptable)		
			ľ	82 Street Address (P.O. Box Number is Not Acceptable)		
	AMI FL 33131		8	3		
· · · · ·			<u> </u>			
			8	4 City	F	Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the im familiar with, and accept the Signature, typed or profed name of registe				orporation submits this statement for the purposoration's board of directors. I hereby accept the accept the accept when reinstating)	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	DEL	ETE 1.1 TITLI		D	Change Addition
NAME	WOODS, JAMES H	/ '	1.2 NAM	[]	Roser Fried baye	
STREET ADDRESS	3780 TAMPA ROAD #C		1.3 STRE	ET ADDRESS	1500 Hiami Cente	~ .
CITY-ST-ZIP	OLDSMAR FL 34877			- S1 - ZIP	Roger Fried baye 1500 Miami Cente Miami FL 331	3 /
TITLE	DELETE					Change Addition
NAME	1		2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2 4 CIT	7-S1-ZIP		
TITLE		DEL				Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STR	E1 ADDRESS		
CITY-ST-ZIP			E .	7 - S1 - ZIP		
TITLE		DEL				Change Addition
NAME			4 2 NA	AE		
STREET ADDRESS				ET ADDRESS		
				-ST-ZIP		
CITY-ST-ZIP TITLE		DEL				Change Addition
NAME		_	5.2 NAM			
STREET ADDRESS				ET ADDRESS		16-1,2
				- ST- ZIP		75/12
CITY-ST-ZIP TITLE	 		■ 34 UH 7			
		n n n n	FIE 61 TITL		900002524	Enange
		DEL		f I	900002524 -05/14/9801111	
NAME		DEL	6.2 NAM	E IE	-05/14/9801111 ***150.00	O2U Addition
		DEL	6.2 NAM 6.3 STRI	f I	900002524 -05/14/9801111 ***150.00	- O ddition

I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3), Florida Stateds. Find the certify that I am an indicated on this annual report or supplied with this thing does not qualify for the exemption stated in Section 119.07(3), Florida Stateds. Find the certification 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.

4/22/98

FILED

May 12 1998 8:00am

Secretary of State