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

FILED Mar 27 1998 8:00am Secretary of State

199	8	DIVISION (OF CORPOR	RATIO	NS		
DOCUMENT # P97000098421 (5) . NC SUPERIOR FOODS HOSPITALITY MANAGEMENT, INC. 2/13/98							
					, ,		
SUPERIOR HOSPITALITY MANAGEMENT, INC.							
Principal Place of Business Mailing Address							
9167 BALMORAL MEWS SOUARE 9167 BALMORAL MEWS SO WINDERMERE FL 34786 WINDERMERE FL 34786				DUARE			
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						11/17/1997	
2. Principal Place of	Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26				59-3478553	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			I B. Certificate of Status Desired 1 1 1	75 Additional
City & State			City & State				e Required
23		28					.00 May Be ded to Fees
Zip				untry		8. This corporation owes or has paid the current year	
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes	□No
	Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registered Agent	
	MICHAEL L			81	Name		
5458 HOFFNER AVE., STE. 303				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32812				83			
•							
-				84	City	FL ⁸⁵	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor						poration submits this statement for the purpose of changi	ng 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.							
						3/2/98	
"" 				Stered Agenit dignizative required which remotating)			
12.	OFF ICERS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME				NAME		D/P Tyrone W. Nabbie	ige (24) Addition
STREET ADDRESS						7862 Canyon Lake Circle	
CITY-ST-ZIP						Orlando, FL 32835	1
TITLE			2.1 T			D/S/T Char	nge 🗶 Addition
NAME	22		2.2 M	NAME		Leon Watkins	
STREET ADDRESS	S 2		2.3 \$			9167 Balmoral Mews Square	[
CITY-ST-ZIP				2.4 CITY-ST-ZIP W		Windermere, FL 34786	
TITLE			3.1 ₹		1	☐ Chai	nge L Addition
NAME				IAME			
STREET ADDRESS					ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	3.4. t	CITY-ST	- ZIP	Char	nge Addition
NAME				NAME	l		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-ST			J
TITLE		DELETE	5.1 7	ITLE		☐ Char	nge Addition
NAME			5.2 N	IAME	J		15 I
STREET ADDRESS			5.3 S	TREET A	ODRESS		277
CITY-ST-ZIP		F DECETE		ITY-ST	- ZIP		301
TITLE		☐ DELETE	6.17		{	000002471500% -03/30/9801004019	De La vocition
NAME STREET ADDRESS			6.2 N		DDRESS	***150.00	1
CITY-ST-ZIP			4	HEEL A	ſ	TO THE FOLIAN SECTION BY SECTION SECTI	1
	nat the information supplied wi	ith this filing does not qualit				Section 119.07(3)(i), Florida Statutes. I further certify that	the information

4. 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 fee rate 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 truetee timpowered 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:

2/20/98