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

CORPORATION

FLORIDA DEPARTMENT OF STATE

FILED May 15 1998 8:00am

ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS				Secretary of Stat
DOCUMENT # P97000099622 1. Corporation Name						
	Hospitality R					
Principal Place of Business Mailing A 4101 13th Street 1836			herrywood Court			t
St. Cloud, FL 34769 St. Clou						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/20/97
Principal Place of Business 21		2a. Malling Address				4. FELNumber 59-3479115 Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.				Certificate of Status Desired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zlp 24	Country 25	Zip 29	Co.	Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. A Yes No
	ame and Address of Current		1001			10. Name and Address of New Registered Agent
Jay L. Riley				81	Name	
1836 Che	errywood Court		8		Street Add	iress (P.O. Box Number is Not Acceptable)
St. Clou	id, FL 34769				7016.	100 7-04
				ш	.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 effice 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						
 _	nature, typed or printed name of reg		`	(NOTE:	: Registered A	Agent signature required when reinstating) DATE
12.	OFFICERS AND D President		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	Jay L. Riley	☐ DELETE		1.1 TITLE 11.2 NAME		Change Addition
STREET ADDRESS	1836 Cherrywoo				DRESS	
			1.4 CITY	1.4 CITY • ST - ZIP		
	Secretary				Change Addition	
14.400	Anita Riley					
		G1 1 TET 24EC0				
CITY - ST - ZIP	Vice-Presiden			ZIP		
NAME	Eldridge Turner L					Change Addition
STREET ADDRESS 4304 S.W. 22nd		d Street 33STR			DRESS	
CITY - ST - ZIP	ZIP Ocala, FL 34474		3.4 CITY	3.4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	4.1 TITLE		Change Addition
NAME			4.2 NAME			
STREET ADDRESS CITY - ST - ZIP			4.3 STRE 4.4 CITY		I	
		DELETE			ZIF	Chara Addition
TITLE NAME		[] DECEIE	5.1 TITLE 5.2 NAME			Change La Addition
STREET ADDRESS			5.3 STRE		DRESS	(م. د (ه
CITY - ST - ZIP			5.4 CITY	• ST • Z	ZIP	5.(5)
TITLE		DELETE	6.1 TITLE		Ţ <u></u>	Change Addition
NAME STREET ADDRESS				6.2 NAME		800002527508
STREET ADDRESS CITY - ST - ZIP	e A CITY _ ST _ ZID		710	-05/18/9801076034		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(1). 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: 407-891-1165 ### ### BIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Date Dayline Phone #						
	(75.1 D.1)					<u> </u>