

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

FILED

**Apr 22 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000106415 (7)
1. Corporation Name
THE CARPER HOSPITALITY GROUP, INC.



| | |
|---|---|
| Principal Place of Business 116 FOX RIDGE RUN LONGWOOD FL 32750 | Mailing Address 116 FOX RIDGE RUN LONGWOOD FL 32750 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|-----------------|---|------------------------|--|--------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/22/1997 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 25 Country | 26 Suite, Apt. #, etc. | 27 City & State | 28 Zip |
| 29 Country | 30 Country | 4. FEI Number 59-3482998 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7. Additional Fees \$8.75 Additional Fee Required | | 9. May Be Added to Fees \$5.00 | | | |

| | | | | | | | |
|--|--|--|--|---|-------------------------|----------|-----------|
| 9. Name and Address of Current Registered Agent CARPER, GEORGE B 116 FOX RIDGE RUN LONGWOOD FL 32750 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | Kellie J. Carper | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 116 FOXRIDGE RUN | | |
| | | | | 83 | | | |
| | | | | 84 City | LONGWOOD | 85 State | FL |

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]* **Kellie Carper** President, COO DATE **4/15/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPER, GEORGE B | 1.2 NAME | |
| STREET ADDRESS | 116 FOX RIDGE RUN | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPER, KELLIE J | 2.2 NAME | |
| STREET ADDRESS | 116 FOX RIDGE RUN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPRER, PAMELA B | 3.2 NAME | |
| STREET ADDRESS | 116 FOXRIDGE RUN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPRER, STACY | 4.2 NAME | |
| STREET ADDRESS | 116 FOXRIDGE RUN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPRER, CHAD | 5.2 NAME | |
| STREET ADDRESS | 116 FOXRIDGE RUN | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE Duplicate | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPRER, STACY | 6.2 NAME | |
| STREET ADDRESS | 116 FOXRIDGE RUN | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 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.

CR2E034 (10/97)