

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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
23 Zip	24 Country	29 Zip	30 Country	4. FEI Number 59-3482998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
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					

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 Zip Code FL 32750	

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 **4/15/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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)