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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 29, 1999 8:00 am Secretary of State

05-29-1999 90014 004 \*\*\*300.00

## DOCUMENT # P98000015779

1. Corporation Name

WESTSIDE INN, INC.

Principal Place	e of Business	Mailing Address					
3200 WEST CO ORLANDO FL 3		3200 WEST COLONIAL DRIVE ORLANDO FL 32808					
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					02/17/1998		
2. Principal P	lace of Business	2a. Mailing Address	<u></u>		4. FEI Number Applied For Sq-34 96864 Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.		\$8.75 Additional			
22 27					5. Certificate of Status Desired Fee Required		
City & Stat	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 the current year Intangible		
24	25		30		Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent	8	1 Nam	10. Name and Address of New Registered Agent		
HUE	MER, ERICH		]°	INam			
	WEST COLONIAL DRIVE			2 Stree	treet Address (P.O. Box Number is Not Acceptable)		
	ANDO FL 32808		8	-			
	/		ľ	3			
	1		8	4 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the abo	ve-name	ned corporation submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the State	of Florida. Such change was aut	thorized b da Statute	y the co es.	orporation's board of directors. I hereby accept the appointment as registered		
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 agent, or both, by the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE"	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: F	Registered Ag	ent signatu	ure required when reinstating) DAT		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition		
NAME	HUEMER, ERICH		1.2 NAME				
STREET ADDRESS			13 STRE	ET ADDRES	ESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY	ST-ZIP			
TITLE		☐ DELETÉ	2.1 TITLE		☐ Change ☐ Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRES	ESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition		
NAME	J		3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRES	ESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	1		4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRES	ESS		
CITY-ST-ZIP			4.4 ÇITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME	Ē			
STREET ADDRESS			5.3 STRE	ET ADDRES	ESS		
CITY-ST-ZIP	]		5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME	•			
STREET ADORESS		1	6.3 STRE	ET ADDRES	ESS		

6.4 CITY-ST-ZIP CITY-ST-2IP 14. I hereby certify that the information supplied with this fing 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 Justee 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, with all other like empowered.

SIGNATURE: Y

Date