1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000017171

1. Corporation Name

FLAGLER COURT HOTEL, INC.

Principal	Place	ωf	Rusiness
Principai	riace	OI.	DRailleas

May 03, 1999 8:00 am Secretary of State

05-03-1999 90046 001 ***150.00

	r r _e z			
Principal Place	of Business	Mailing Address		T TERREPORT TO TRANSPORT OF THE SERVICE OF THE PROPERTY OF THE
528-A CLEMATIS WEST PALM BE		528-A CLEMATIS ST WEST PALM BEACH FL 33401		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 02/20/1998
2. Principal Pl	ace of Business ,	2a. Mailing Address	<u> </u>	4. FEI Number Applied For
21/535	Clambis ST	26 518 Barry 0	in Blud	105-081420 Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	Palm Beach FL	City & State Palm	Beach Fr	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Žip	Country	8. This corporation owes the current year Intangible
24 3340	25	29 5340 30		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	04 11	10. Name and Address of New Registered Agent
COD	NINO I AMPENCE		81 Came	nina, Lawrence
	NING, LAWRENCE		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	A CLEMATIS ST T PALM BEACH FL 33401		212	12 12 12 12 12 12 12 12 12 12 12 12 12 1
MES	PALM BEACH FL 33401		83 11 195	st Palm Beach
			84 City	85 Zin Code
				FL 33401
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was autho	nzed by the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered agent		stered Agent signature requ	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	□ Change [] Additio
TITLE	PTSD	□ DETE	1.2 NAME	orning, Lawrence
NAME	CORNING, LAWRENCE		1.3 STREET ADDRESS	518 Banyan Blyd.
STREET ADDRESS	528-A CLEMATIS ST		15.4	West Palm Reach, FL 33401
CITY-ST-ZIP	WEST PALM BEACH FL 33401	☐ DELETE	1.4 CITY-ST-ZIP V	☐ Change ☐ Addition
TITLE			2.2 NAME	
NAME !			2.3 STREET ADDRESS	•
STREET ADDRESS	·		2. 4 CITY-ST-ZIP	
CITY-ST-ZIP		DELETE -	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS		ŀ	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME			4. 2 NAME	•
STREET ADDRESS	,		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY+ST-ZIP	
TITLE	-	☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS	•		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	. Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	•
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CITY-ST-Z/P 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 compration 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: