

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90027 030 ***150.00

DOCUMENT # P98000019394

1. Corporation Name

ANC HOSPITALITY SERVICES, INC.

Principal Place of Business

1433 N.W. 122ND TERRACE
PEMBROKE PINES FL 33026

Mailing Address

1433 N.W. 122ND TERRACE
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

65 0815942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1433 N.W. 122ND TERRACE

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

23 PEMBROKE PINES FLORIDA

Zip

24 33026

Country

25 BROWARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JOHNSON, ANGELA G
1433 N.W. 122ND TERRACE
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/SEC. TREAS./DIRECTOR ☐ DELETE

NAME ANGELA G. JOHNSON

STREET ADDRESS 1433 NW 122ND ST

CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VICE PRES. SECT ☐ DELETE

NAME CHRISTOPHER D. JOHNSON

STREET ADDRESS 1433 NW 122ND TERRACE

CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE DIRECTOR ☐ DELETE

NAME STEVEN J. COOPERMAN

STREET ADDRESS 9721 E. BROADVIEW DRIVE

CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE DIRECTOR ☐ DELETE

NAME JOSEPH S. FOREP

STREET ADDRESS 12370 S.W. 64TH AVENUE

CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: C. S. JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

954-442-2449

Daytime Phone #

CR2E034 (11/98)