

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 Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90014 001 \*\*\*150.00

DOCUMENT # P98000022978

Corporation Name COMET HOSPITALITY, INC.

Place of Business BRANDYWINE DRIVE BOCA RATON FL 33487  
Mailing Address 4665 BRANDYWINE DRIVE BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/10/1998  
4. FEI Number 65-0832026 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

Principal Place of Business 2200 W. Glades Rd Suite 202 Boca Raton FL 33431 USA  
2a. Mailing Address 2200 W. Glades Rd Suite 202 Boca Raton FL 33431 USA

FEIGENHEIMER, JOEL 4665 BRANDYWINE DRIVE BOCA RATON FL 33487

81 Name Joel Feigenheimer  
82 Street Address (P.O. Box Number is Not Acceptable) 733 St. Albans Dr  
83  
84 City Boca Raton FL 85 Zip Code 33486

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME		
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME		
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME		
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME		
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		

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: [Signature] Joel Feigenheimer 1-20-99 561-750-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)