**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90018 002 \*\*\*150.00

## 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

## DOCUMENT # P98000034762

DALTON	HOTEL CORP.					
Principal Place	of Business	Mailing Address				3 JOCKSOBA IND LOCAL DESILY DRIVE OBSILY OBSILY OBSILY OF SIVE OF SOME OBSILO ASSILT
719 VASSAR STREET ORLANDO FL 32804  719 VASSAR STREET ORLANDO FL 32804						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed
La Million Address						04/16/1998 4. FEI Number Applied For
Principal Place of Business     2a. Mailing Address						59-3509863 Not Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Cour			1	8. This corporation owes the current year Intangible  Personal Property Tax
24	25	29	30	_		Personal Property Tax. UYes LINo  10. Name and Address of New Registered Agent
	9. Name and Address of Currer	nt Registøred Agent		81	Name	10. Haile and Address of New Registered Agent
DALT	ON, ROY B JR.					
719 VASSAR STREET ORLANDO FL 32804			82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
				83		
					City	85 Zip Code
				84	City	FL   55   Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change wa	is authorize	ed by	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (N	IOTE: Registere	d Age	nt signature requ	urred when reinstating) DATE
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE		TITLE		☐ Change ☐ Addition
NAME	DALTON, ROY B JR.			VAME		
STREET ADDRESS	719 VASSAR STREET				TADORESS	
CITY-ST-ZIP			ЛY-S	T-ZiP	☐ Change ☐ Addition	
TITLE		DELETE		ITLE		
NAME				VAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP		DELETE		MTLE	ST-ZIP	Change Addition
TITLE				NAME		
NAME					T ADDRESS	
STREET ADDRESS					ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE		TITLE	31-211	☐ Change ☐ Addition
NAME		_ 5-0-10		NAME	Į.	
					TADDRESS	
STREET ADDRESS				CITY-S		
CITY-ST-ZIP		☐ DÉLETE		IIIV-S	11-41	☐ Change ☐ Addition
TITLE )				VAME		
STREET ADDRESS					T ADDRESS	
CITY OT 7ID				CITY-S		

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 faceiver of 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 of an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Addition