

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 008 ***150.00

DOCUMENT # F9800004250200

1. Corporation Name

EASTERN HOTEL CORPORATION

Principal Place of Business

2080 CRAYTON ROAD
NAPLES, FL 34102

Mailing Address

EASTERN HOTEL CORPORATION
% WILMA S. ROSEMAN
2080 CRAYTON ROAD
NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/98

4. FEI Number

65-0846991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 2080 CRAYTON ROAD

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL

Zip

24 34102

County

25 USA

2a. Mailing Address

26 EASTERN HOTEL CORPORATION

Suite, Apt. #, etc.

27 % WILMA S. ROSEMAN

City & State

28 2080 CRAYTON ROAD

Zip

29 NAPLES, FL

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

WILMA S. ROSEMAN

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

2080 CRAYTON ROAD

83

84 City

NAPLES

FL

85 Zip Code

34102

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 Wilma S. Roseman WILMA S. ROSEMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/99

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☒ DELETE

NAME ED BUCKLER

STREET ADDRESS: 3596 MARGINA CIRCLE

CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR & PRESIDENT ☐ Change ☒ Addition

1.2 NAME WILMA S. ROSEMAN

1.3 STREET ADDRESS 2080 CRAYTON ROAD

1.4 CITY-ST-ZIP NAPLES, FL 34102

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: Wilma S. Roseman WILMA S. ROSEMAN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/15/99 (941) 649-6185

Daytime Phone #

CR2E034 (11/98)