

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 # P98000042720

1. Corporation Name  
THE DELRAY INN, INC.

Principal Place of Business

70 SOUTHEAST 4TH AVE.  
DELRAY BEACH FL 33483

Mailing Address

70 SOUTHEAST 4TH AVE.  
DELRAY BEACH FL 33483

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90094 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1998

4. FEI Number

05-0645199

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

21 297 NE 6th Ave

Suite, Apt. #, etc.

22

City & State

23 Delray Beach, FL

Zip

24 33483

Country

2a. Mailing Address

26 1655 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

27 Suite 900

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30

9. Name and Address of Current Registered Agent

KLASFELD, MICHAEL C  
70 SOUTHEAST 4TH AVE.  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

83 1655 Palm Beach Lakes Blvd, Suite 900

84

City West Palm Beach

FL

85 Zip Code

33401

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: Michael Klasfeld as Agent Michael Klasfeld, as Agent

2/18/99

(Signature, typed or printed name of registered agent and date if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KLASFELD, MICHAEL C  
STREET ADDRESS 70 SOUTHEAST 4TH AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1655 Palm Beach Lakes Blvd, #900  
West Palm Beach, FL 33401

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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: Michael Klasfeld as Director Michael Klasfeld as Director 2/18/99 (501) 664-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)