2004 FOR PROFIT CORPORATION

02/27/03 90700 001

ANNUAL REPORT					•		71-0
1. Entity Nam	MENT # P98000060 THOTELS AMERICA, INC.		04 JUL -6			1.	
Principal Place of Business 6813 WEST COLONIAL DR. 0RLANDO, FL 32818 Mailing Address 6813 WEST COLONIAL DR. 0RLANDO, FL 32818 ORLANDO, FL 32818				SECRETAR FALLAHASS		•	
ı,	O NOT WRITE	IN THIS SPA	CE.	07012004	No Chg-P	CR2E034 (10	7/1/
	6. Name and Address of Current F			4. FEI Number 59-3520 5. Certificate of	974 f Status Desired		Applied For Not Applicable 5 Additional equired
WINSTON, CHRISTINA S 6813 W. COLONIAL DR ORLANDO, FL 32818 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				IN T	NOT W HIS SP	ACE	r with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required				ed when reinstaling)	when reinstating) DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees			.··
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PD WINSTON, ARTHUR 6813 W. COLONIAL DR ORLANDO, FL 32818 STD WINSTON, CHRISTINA S 6813 W. COLONIAL DR ORLANDO, FL 32818		DO	NOT W	BITE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		 		200	HIS SF	. (2 0.) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR