

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90097 032 \*\*\*150.00

0239216

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000072058**

1. Corporation Name  
**KELCO STITES COOKEVILLE HOTELS, INC.**



Principal Place of Business 8390 N.W. 53RD STREET SUITE 312 MIAMI FL 33166	Mailing Address 8390 N.W. 53RD STREET SUITE 312 MIAMI FL 33166
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/17/1998**

2. Principal Place of Business 21 <b>2700 S. Commerce Pkwy</b>	2a. Mailing Address 26 <b>2700 S. Commerce Pkwy</b>	4. FEI Number <b>65-0862633</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>Ste 313</b>	Suite, Apt. #, etc. 27 <b>Ste 313</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>Weston, FL</b>	City & State 28 <b>Weston, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24 <b>33331</b>	Country 25 <b>USA</b>	Zip 29 <b>33331</b>	Country 30 <b>USA</b>
9. Name and Address of Current Registered Agent <b>SLAY, KELLEY D 8390 N.W. 53RD STREET SUITE 312 MIAMI FL 33166</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2700 S. Commerce PARKWAY</b> 83 <b>Ste, 313</b> 84 City <b>Weston</b> FL 85 Zip Code <b>33331</b>	

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: Kelley D. Slay DATE: 4/5/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPILLET, RICHARD J</b>	1.2 NAME	
STREET ADDRESS	<b>17 DUNBAR CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAY, KELLEY D</b>	2.2 NAME	
STREET ADDRESS	<b>973 SPOONBILL CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STITES, JOHN D II</b>	3.2 NAME	
STREET ADDRESS	<b>6750 WALNUT TRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOKEVILLE TN 38501</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STITES, JACK</b>	4.2 NAME	
STREET ADDRESS	<b>6600 WALNUT TRACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOKEVILLE TN 38501</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, from an attachment with an address, with all other like empowered.

SIGNATURE: Kelley D. Slay DATE: 4/5/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)