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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000074018

1. Corporation Name

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90035 024 ***150.00

HOSPITA	ALITY ADVISORS, INC	•									(
Principal Place	e of Business	Mail	ling Address	•			1 19	DILEMENT AND THE OUT COLLEGE	IIX ABIN ABIN A	#114 1 44 11 #1 3 11 #	#1#1 IIOOI	1 (21) (48)
123 CELEBRAT	ION BLVD.	123	CELEBRATION BLVD.									
CELEBRATION FL 34747 CELEBRATION FL 34747								DO NOT	VRITE IN T	HIS SPACE		
							3. Date Inc	orporated or Qual				
							08/25/	•				
2. Principal P	lace of Business	2a. 1	Mailing Address				4. FEI Nun	nber			Applied	d For
21		— ⊢	26				59-	59-3530194			Not Ap	plicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				E Contiforat	e of Status Desira	d []		5 Addit	
22		27					5. Certificat	e of Status Desire	<u> </u>	Fee	Requir	ed
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23		28					Trust Fu	nd Contribution		Adde	ed to Fe	es
Zip	Country		Zip	Cou	ntry		,	poration owes the	current year		€ 71.	
24	25	29		30	,			Property Tax.	D . 1.4	☐ Yes	S 1	NO 0N
	9. Name and Address of	Current Registe	ered Agent		041	Manag	10. Name a	nd Address of N	ew Register	ed Agent		
141-1	NITE DODNEY E				81	Name						
INFANTE, RODNEY E					82	Street Addr	ress (P.O. Box I	Number is Not Acc	eptable)			
1	CELEBRATION BLVD.								<u> </u>			
CEL	EBRATION FL 34747				83							
					84	City				85 Z	ip Code	е
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Pursuant	to the provisions of Sections 6	e State of Florida	Cuch change was	ites, uie ai	Lhut	manieu corp	on's board of di	rectors. I hereby a	ccept the ar	pointment as	registe	rod
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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 attemment with an address, with all other like empowered.

SIGNATURE: