


09141999-90002-013-\$150.00-\$150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000078830</b> Corporation Name <b>HOLIDAY HOST REAL ESTATE, INC.</b>					
Principal Place of Business 50 SO. ATLANTIC AVE. DAYTONA BEACH SHORES FL		Mailing Address 2570 SO. ATLANTIC AVE. DAYTONA BEACH SHORES FL			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 27 PM 1:15



DO NOT WRITE IN THIS SPACE

Principal Place of Business		26. Mailing Address		3. Date Incorporated or Qualified 09/01/1998		4. FEI Number 59-3531941		Applied For Not Applicable	
Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Zip		29. Zip		30. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HAWES, EDYTHE M 1437B SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL</b>					10. Name and Address of New Registered Agent				
81. Name					82. Street Address (P.O. Box Number is Not Acceptable)				
83. City					84. Zip Code				

I, 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.

GNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		DATE	
<b>OFFICERS AND DIRECTORS</b>					
VE	P	<input checked="" type="checkbox"/> DELETE	13.	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
VE	FERRY, JOSEPH V JR		1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS	2570 SO. ATLANTIC AVE.		1.2 NAME	Sanna, Robert	
Y-ST-ZIP	DAYTONA BEACH SHORES FL		1.3 STREET ADDRESS	2570 South Atlantic Avenue	
E	VP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Daytona Beach Shores, FL	
VE	O'CONNER, JOAN		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS	2570 SO. ATLANTIC AVE.		2.2 NAME		
Y-ST-ZIP	DAYTONA BEACH SHORES FL		2.3 STREET ADDRESS		
E	ST	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
VE	HAWES, EDYTHE M		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS	2570 SO. ATLANTIC AVE.		3.2 NAME	1437B South Ridgewood Avenue	
Y-ST-ZIP	DAYTONA BEACH SHORES FL		3.3 STREET ADDRESS	Daytona Beach, FL 32114	
E		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VE			4.1 TITLE		
REET ADDRESS			4.2 NAME	900003007729-2	
Y-ST-ZIP			4.3 STREET ADDRESS	-10/06/99--01080--017	
E		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	***400.00 Change ***400.00	
VE			5.1 TITLE		
REET ADDRESS			5.2 NAME	JAG/29	
Y-ST-ZIP			5.3 STREET ADDRESS		
E		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VE			6.1 TITLE		
REET ADDRESS			6.2 NAME		
Y-ST-ZIP			6.3 STREET ADDRESS		
E			6.4 CITY-ST-ZIP		

I, 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99 904  
Date Date Phone 1

CR2034 (1198)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 15, 1999

HOLIDAY HOST REAL ESTATE, INC.  
2570 SO. ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL

SUBJECT: HOLIDAY HOST REAL ESTATE, INC.

Ref. Number: P98000078830

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION  
/CW