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ANNUAL FEE FOR THE SERVICE OF THE STATE OF FLORIDA, MINIMUM ANNUAL FEE TO REGISTER: \$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000082964 1. Corporation Name HOSPITALITY DEVELOPMENT GROUP, INC.			
Principal Place of Business 235 MATLAND AVENUE SOUTH #216 MATLAND FL 32751		Mailing Address 235 MATLAND AVENUE SOUTH #216 MATLAND FL 32751	
DO NOT WRITE IN THIS SPACE			
3. Principal Place of Business		3. Date Incorporated or Qualified 09/23/1998	
2a. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent WALKER, BERRY J JR. 235 MATLAND AVENUE SOUTH SUITE 216 MATLAND FL 32751		11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 Signature, typed or printed name of registered agent and title if applicable		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP	
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP	
9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP	
10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP		10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP	
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	
14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP		14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP	
15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP		15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP	
16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP		16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP	
17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP		17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP	
18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP		18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP	
19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP		19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP	
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33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-STATE-ZIP		33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-STATE-ZIP	
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56.1 TITLE 56.2 NAME 56.3 STREET ADDRESS 56.4 CITY-STATE-ZIP		56.1 TITLE 56.2 NAME 56.3 STREET ADDRESS 56.4 CITY-STATE-ZIP	
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69.1 TITLE 69.2 NAME 69.3 STREET ADDRESS 69.4 CITY-STATE-ZIP		69.1 TITLE 69.2 NAME 69.3 STREET ADDRESS 69.4 CITY-STATE-ZIP	
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71.1 TITLE 71.2 NAME 71.3 STREET ADDRESS 71.4 CITY-STATE-ZIP		71.1 TITLE 71.2 NAME 71.3 STREET ADDRESS 71.4 CITY-STATE-ZIP	
72.1 TITLE 72.2 NAME 72.3 STREET ADDRESS 72.4 CITY-STATE-ZIP		72.1 TITLE 72.2 NAME 72.3 STREET ADDRESS 72.4 CITY-STATE-ZIP	
73.1 TITLE 73.2 NAME 73.3 STREET ADDRESS 73.4 CITY-STATE-ZIP		73.1 TITLE 73.2 NAME 73.3 STREET ADDRESS 73.4 CITY-STATE-ZIP	
74.1 TITLE 74.2 NAME 74.3 STREET ADDRESS 74.4 CITY-STATE-ZIP		74.1 TITLE 74.2 NAME 74.3 STREET ADDRESS 74.4 CITY-STATE-ZIP	
75.1 TITLE 75.2 NAME 75.3 STREET ADDRESS 75.4 CITY-STATE-ZIP		75.1 TITLE 75.2 NAME 75.3 STREET ADDRESS 75.4 CITY-STATE-ZIP	
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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CP02034 (5/99)

Mary D. Fanizzi  
5 Oneida Lane  
Sea Ranch Lakes, Florida 33308  
Tel: (954) 942-2204

Mr. Sean Toner  
Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302

Dear Mr. Toner,

Per my discussion with one of your associates, we are once again requesting that your office waive the late fees regarding the annual filings for our five separate corporations.

Enclosed are the letters we received from your offices regarding the late fees for the five different corporations we have. As I had explained in an earlier letter to your office, I had sent (regular mail) a separate check for each corporation to you in one envelope on April 19, 1999. Subsequent to this date we had been out of town and upon returning home we noticed that a second notice had been sent to us on the enclosed corporations. I then called the Division of Corporations and spoke to Tyrone and he had informed me that your office had never received my payments on the enclosed corporations. I then immediately called my bank and they had informed me that the five checks had never cleared. Apparently, my payments must have been lost in the mail and therefore, I am requesting that you waive the late fees and accept my payments for the various enclosed corporations.

I would like to thank you in advance for your cooperation in this matter.

Sincerely,

Mary Fanizzi

A handwritten signature in cursive script, appearing to read "Mary Fanizzi", is written over the printed name.