Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90068 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086351

1. Corporation Name

BIRCH PARK MOTEL, INC.						h innerent lin inine	66:11 6811/ 681/	6 00 101 (0110 011	44 ma 8 1 h 1	elde fran 200)
Principal Place of Business	Place of Business Mailing Address					4 10011000 100 10101 1	[20] 30] 2 30] 2	 		
1101 WEST COMMERCIAL BLVD.	1101 WEST COMMERCIAL	BLVD.								
FORT LAUDERDALE FL 33309	FORT LAUDERDALE FL 33	3309				DO N	IOT WRITE IN	THIS SPAC	F	
					3	Date I reorporated or				
						10/02/1998				
2. Principal Place of Business	2a. Mailing Address				4.	FEI Number	2-/		 -	ied For
21	26					65 0871	<u>875 </u>		 -	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5.	Certificate of Status D	esired 🗌		. 75 Ad ee Req	
City & State	City & State				6.	Election Campaign Fi	nancing	\$5	5.00 W	lay Be
23	28					Trust I und Contributi	on 🖳	A	dded to	Fees
Zip Courtry	Zip	Cou	untry		8.	This corporation ower	the current ye			_
24 25	29	30				Persor al Property Ta	Χ		s	□No
9. Name and Address of Curren	t Registered Agent				10.	Name and Address	of New Regist	lered Agent		
			81	Name						-
ZAGAROLO, NICOLA L			82	Street A	dress (P	O. Bo> Number is No	t Acceptable)			
1600 SOUTH FEDERAL HIGHWAY										
SUITE 651			83							ì
POMPANO BEACH FL 33062			84	City				85	Zip C	
			54	City				FL "	Zip O	, de
11. Pursuant to the provisions of S∈ ctions 607.050 office cr registered agent, or bo h, in the State agent. am familiar with, and accept the obliga	of Florida. Such change was ∂	authorize	d by th	named c e corpoi	crporation tration's bo	n submits this stateme pard of cirectors. I here	nt for the purpo eby accept the	ose of chang appointment	ing its r as reg	egistered stered
SIGNATURE Signature, typed or printed na ne of registered age	t and title if applicable (NOT)	Registere	d Agent s	anature rec	qı ired when r	Ainstaling)	DA	NTE		
	ID DIRECTORS	13.		gilatars va		ADDITIC:NS/CHANGE	S TO OFFICER	RS AND DIR	ECTOF	S IN 12
TITLE P	☐ DELETE	1.1 ∏						□ CI		☐ Addition
NAME FRANK ZUFF		12 N	IAME)						Ì
STREET ADDRESS 1101 W. COMMER	CIAL BLUD		TREET A	DDRESS I						
STREET ADDRESS // 6 / W. C. DIMILE	F 23309		XTY-ST-							
CITY-ST-ZIP FORT LAUGERPALE	DELETE	ELETE 2.1 TI							nange	Addition
			2.2 NAME							
STREET ADDRESS 1101 W. COMMEI	ANITA RUFF 1101 W. COMMERCIAL BLUD		2.3 STREET ADDRESS							
SINCEL AUDICES TO TO TO THE STATE OF THE STA	FORT LAWDERDALE FL33309		2.4 CITY-ST-ZIP							
TITLE	FORT LAUDEROALE, FL 33309		31 TITLE						nange	Addition
NAME			AME	ļ						l
		1	STREET A	DORESS						
STREET ADDRESS		1	CITY-ST-	ı						-
CITY-ST-ZIP	□ DELETE	4.1 T		-					hange	☐ Addition
NAME	<u> </u>		NAME							

6.4 CITY-ST-ZIP 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 or ritify 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 attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OFFICER OR DIRECTOR

DELETE

☐ DELETE

RUFF ANITA

☐ Change

☐ Change

☐ Addition

Addition