PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90110 010 ***150.00

DOCUMENT # P98000088183 1. Corporation Name HOLLY HILL HOSPITALITY, INC.				
Principal Place of Business Mailing Address				
749 RIDGEWOOD AVENUE HOLLY HILL FL 32117 HOLLY HILL FL 32117 HOLLY HILL FL 32117				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
2. Principal Place of Business 2a. Mailing Address			10/15/1998 4. FEI Number Applied For	
<u> </u>			59 - 3548630 Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional	
22				5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY				GOKALDAS,
CORPORATION SERVICE COMPANY				ress (P.O. Box Number is Not Acceptable)
1201 HAYS STREET TALLAHASSEE FL 32301-2525			740	Rudge WOOD AV;
TALLAMASSEE FL S2SU1-2S2S			83	
			84 City	044 ml FL 85 Zip Code 3217
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation s				poration submits this statement for the numose 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 nereby 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	t and title if applicable (NOTE: R	egistered Agent signature require	ed when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	PAREKH, MICHAEL		1.2 NAME	
STREET ADDRESS	749 RIDGEWOOD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	□ DELETÉ	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	VD Gokaldas, R	O DELETE	2.1 TITLE 2.2 NAME	
NAME STREET ADDRESS	749 RIDGEWOOD AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117		2.4 CITY-ST-ZIP	
TITLE	THOLET C SETT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	İ
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		LJ VELETE	6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			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 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 attachment with an address, with all other like empowered.

SIGNATURE:

FAYYOKALAGO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2117/99

904-255-651

Daytime Phone

CR2E034