FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000091438**1. Corporation Name

HOSPITALITY & DEVELOPMENT HOLDING CORP.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90146 049 ***150.00

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Principal Place of Business Mailing Address								
Į	NUE. SUITE 309	2809 BIRD AVENUE. SUITE 30	09					
MIAMI FL 33133		MIAMI FL 33133			DO NOT WRITE IN THIS SP	ACF		
					3. Date Incorporated or Qualifed 10/27/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	F	pplied For	
21	26				65 - 089 258 U Not Applicable			
Suite, Apt. #; etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
Zip					8. This corporation owes the current year Intangible			
24	25	29 30	<u>ol</u>		Tordonar Toporty Tax	Yes	□No	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Age	∌nt		
COV	'IN, GREGG							
	BIRD AVENUE, SUITE 309		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	WI FL 33133		83					
	· <u>-</u> · - -		84	City		85 Zip	Code	
		1007 4500 51 11 01 11	41- 2 - 11-		FL '	anging i	ts registered	
office or r agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with and accept the obligation.	of Florida. Such change was auth	ıorızea ov	the corporation	oration submits this statement for the purpose of chapter is board of directors. I hereby accept the appointment of the company of the compan	ient as r	registered	
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE: Re	egistered Agei	nt signature require	d when reinstating) DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	PD	☐ DELETE	1.1 TITLE	Ì	L] Change	e	
NAME	COVIN, GREGG	_	1.2 NAME					
STREET ADDRESS	2809 BIRD AVENUE, SUITE 30	9	ł	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33133	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP] Change	Addition	
TITLE	VD	Chetric	2.1 SILE			J 0	_	
NAME STREET ADDRESS	Katz, Joshua D 6841 Southwest 65th Aven	11 IC		TADDRESS				
STREET ADDRESS	MIAMI FL 33143	IUL	2.4 CITY-5					
TITLE	HIN WHITE GOLD	☐ DELETE	3.1 TITLE		- 15 · E	Change	Addition	
NAME			3,2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		7.0	Addition	
TITLE		☐ DELETE	4.1 TITLE	-	L	_ Change	e	
NAME	,		4, 2 NAME					
STREET ADDRESS				TADDRESS		•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	SI-ZIP	.F	☐ Change	e Addition	
TITLE			5.1 IIILE 5.2 NAME		٠ــــ	9		
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY-S					
	_	☐ DELETE	6.1 TITLE			Change	e	
NAME .	€ A		6,2 NAME					
STREET ADDRESS	" In " 1" In " 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1	•	6.3 STREE	T ADDRESS				
1	1.8		I	'				

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: