

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90166 012 ***150.00

DOCUMENT # P98000091496

1. Corporation Name

FIRST CHOICE HOSPITALITY DEVELOPMENT, INC.

Principal Place of Business
5875 W. IRLO BRONSON HWY.
KISSIMMEE FL 34746

Mailing Address
5875 W. IRLO BRONSON HWY.
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1998

4. FEI Number

59-3539150

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, KIRAN R
5875 W. IRLO BRONSON HWY.
KISSIMMEE FL 34746

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7742 Apple Tree Circle

83

84 City
Orlando

FL

85 Zip Code
32819

11. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PATEL, KIRAN R
STREET ADDRESS 5875 W. IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FL 34746 ---
☐ DELETE

TITLE D
NAME PATEL, SHAILESH
STREET ADDRESS 5875 W. IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FL 34746
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V/S
1.2 NAME PATEL, KIRAN R.
1.3 STREET ADDRESS 7742 Apple Tree Circle
1.4 CITY-ST-ZIP Orlando, Florida 32819
☒ Change ☐ Addition

2.1 TITLE P/T
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE OF REGISTERED AGENT (Shailesh) Patel, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (407) 396-8883

CR2E034 (11/98)

0506129