

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 # S14445

1. Corporation Name

BANWICKMEN HOSPITALITY MANAGEMENT, INC.

Principal Place of Business

2310 NW 55TH COURT  
STE 132  
FT LAUDERDALE FL 33309  
US

Mailing Address

2310 NW 55TH COURT  
STE 132  
FT LAUDERDALE FL 33309  
US

2. Principal Place of Business

21 2500 N.W. 55th Court

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Fort Lauderdale, FL

Zip

24 33309

Country

2a. Mailing Address

26 2500 N.W. 55th Court

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Fort Lauderdale, FL

Zip

29 33309

Country

30

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.  
417 E. VIRGINIA ST.  
SUITE 1  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/26/1990

4. FEI Number

65-0304913

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

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

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DST  
NAME BANGERTER, PHILLIP W.  
STREET ADDRESS 614 FIFTH KEY DR  
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE DV  
NAME HICKMAN, RANDAL D.  
STREET ADDRESS 617 FIFTH KEY DR  
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE DP  
NAME WINN, GREGORY M.  
STREET ADDRESS 617 FIFTH KEY DR  
CITY-ST-ZIP FT LAUDERDALE FL 33304

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90109 026 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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