Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

□No

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 # **S32130**

1. Corporation Name

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Zip

City & State

HOTEL MANAGEMENT CORPORATION OF TREASURE ISLAND

Principal Place of Business	Mailing Address
10650 GULF BLVD TREASURE ISLAND FL 33706	10650 GULF BLVD TREASURE ISLAND FL 33706
2. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

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Zio

City & State

9. Name and Address of Current Registered Agent

Country

SUMMERS, CARL P.
10650 GULF BLVD
TREASURE ISLAND FL 33706

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

03-09-1999 90099 004 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed

02/14/1991 4. FEI Number

59-3052721

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

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

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

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. Stoch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in minimal with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SUMMERS, CARL P. 12.NAME SUMMERS, CARL P. 12.NAME SUMMERS, CARL P. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE SUMMERS, CARL P. 14.CITY-ST-ZP 10550 GULF BLVD. 14.CITY-ST-ZP TITLE DELETE 21.TITLE 17.TILE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE SUMMERS, CARL P. 14.CITY-ST-ZP 17.TILE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE SUMMERS, CARL P. 12.NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE SUMMERS, CARL P. 14.CITY-ST-ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE 22.NAME 33. TITLE CHANGE 34.CITY-ST-ZP TITLE DELETE 31.TITLE CHANGE 42.TITLE CHANGE Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE TO THE CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE TO THE CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE TO THE CHANGES TO OFFICERS TO OFFICERS AND DIRECTORS IN 12 LITTLE CHANGE TO THE CHANGES TO OFFICERS TO OF			84	84 City FL 85 Zip Code				
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TITLE	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agen	t signature required	d when reinstating) DATE			
SUMMERS, CARL P. 12 NAME 12 NAME	12.	OFFICERS AND DIRECTORS	13.					
10650 GULF BLVD. 13 STREET ADDRESS 10650 GULF BLVD. 14 CITY-ST-ZIP	TITLE	PST □ DELETE	1.1 TITLE		☐ Change ☐ Addition			
TREASURE ISLAND FL	NAME	SUMMERS, CARL P.	1.2 NAME					
TITLE	STREET ADDRESS	10650 GULF BLVD.	13 STREET	ADDRESS				
NAME	CITY-ST-ZIP	TREASURE ISLAND FL.	1,4 CITY-S	- ZIP				
STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 31 TITLE	TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition			
CITY-ST-ZIP	NAME		2.2 NAME					
DELETE DELETE 3.1 TITLE Change Addition	STREET ADDRESS		2.3 STREET	ADDRESS				
STREET ADDRESS STRE	CITY-ST-ZIP		2. 4 CITY-S	T-ZIP				
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34. CITY-ST-ZIP 34. CITY-ST-ZIP	NAME		3.2 NAME					
DELETE	STREET ADDRESS		3.3 STREET	ADDRESS				
NAME	CITY-ST-ZIP		3.4. CITY-S	T- ZIP				
STREET ADDRESS	TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition			
A4 CITY-ST-ZIP	NAME		4. 2 NAME					
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td>4.3 STREET</td> <td>ADDRESS</td> <td></td>	STREET ADDRESS		4.3 STREET	ADDRESS				
NAME	CITY-ST-ZIP		4.4 CITY-S	r-ZIP				
STREET ADDRESS	TITLE	☐ DELETE	5.1 TITLE		Change Addition			
5.4 CITY-ST-ZIP	NAME		5.2 NAME	ļ	,			
DELETE G.1 TITLE Change Addition	STREET ADDRESS		5.3 STREET	ADDRESS				
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			r-ZIP				
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
CITY-ST-ZIP 64 CITY-ST-ZIP	NAME		6.2 NAME	Ì				
UIT-51-21P	STREET ADDRESS							
	CITY-ST-ZIP				Continue 440 07/2V/3 Elected Statutes I further continue that the information			

Country

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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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #