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

Feb 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S38378 (3) LIBERTY HOSPITALITY, INC. Principal Place of Business Mailing Address 4371 FOX HOLLOW CIR 4371 FOX HOLLOW CIR CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1991 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3057316 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAPLAN, EUGENE 4371 FOX HOLLOW CIR Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32792 **B3** City 85 Zip Code Fi 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered egent, 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 tored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE PST Change Addition TITLE 1.1 TITLE KAPLAN, EUGENE FAPLAN EUGENE U 1.2 NAME CR2E034 NAME 4371 FOX HOLLOW CIR STREET ADDRESS 1.3 STREET ADDRESS CASELBERRY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KAPLAN, EUGENE NAME 2.2 NAME 4371 FOX HOLLOW CIR STREET ADDRESS 2.3 STREET ADDRESS CASELBERRY FL CITY - ST - ZIF 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE KAPLAN, DAVID L. NAME 3.2 NAME 4371 FOX HOLLOW CIR STREET ADDRESS 3.3 STREET ADDRESS CASELBERRY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 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 on an attachment with an address.

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