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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S55782** 1. Corporation Name

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90047 024 ***150.00

	HOSPITALITY, INC.								
Principal Plac	ce of Business	Mailing Address	 S			- 1901/018 (O1 8)(O) O1/1/ (BEA) (HELLE HER BLOCK BUI	en bibir bebir b	IONI DIDIN IODI
HAMPTON INN P O BOX 21885 5621 WINDHOVER DR CHATTANOOGA TN 37421 ORLANDO FL 32819							RITE IN THIS S	SPACE	
US		•				3. Date Incorporated or Qualifed 05/29/1991	t .		r 1
2. Principal P	Place of Business	2a. Mailing Add	ress	-		4. FEI Number		Ap	plied For
21		26				65-0269971			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	te	City & State)			6. Election Campaign Financing		\$5.00	
23		28		· '		Trust Fund Contribution		Added t	
Zip	Country	Zip	Ė	Country		8. This corporation owes the cui	-		: \
24	25 S	29	30	<u> </u>		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		81 Nar		10. Name and Address of New	Registered A	gent _	
CT (CORPORATION SYSTEM			Joi Nai	IIG	•	,	•	ľ
	S. PINE ISLAND ROAD			82 Stre	et Addre	ess (P.O. Box Number is Not Accept	table)		
	NTATION FL 33324			83		i sama i da u sama ayung i yang ayan bi sa i sama i da u da sama ayan ayan ayan a	Control of the Section of the		1810 9 811 0 12 1 1810 2530 15 1
•							编图(4)		18 12 12 12 12 12 12 12 12 12 12 12 12 12
	-			84 City	, ·	•	FL	85 Zip C	Lode
11. Pursuant office or r agent: I a	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	and 607:1508, Flor of Florida. Such chan ions of, Section 607.	ida Statutes, ige was auth 0505, Florida	the above-name orized by the constant of the c	ned corpo orporation	oration submits this statement for the n's board of directors. I hereby acce	e purpose of c ept the appoint	hanging its tment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered Agent signat	uro required	uhan reinstatirin) (1.1.3	DATE		·
12.	OFFICERS AND			diatores udent aditor	me redemen	when fellistanis); (*. ;	DATE		
TITLE	011.02107.01	DIRECTORS		13.	ure required	when reinstating) : 451, 1 ADDITIONS/CHANGES TO OI		DIRECTO	RS IN 12
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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 enhowered 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.