SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58551** **(0)**

1. Corporation Name
HOSPITALITY BROKERAGE SERVICES, INC.

Principal Place of Business	Mailing Address
31 PINE STREET **WINDERMERE FL 34786**	**31 PINE STREET** **WINDERMERE FL 34786**

3. Date Incorporated or Qualified: **05/22/1991**
3a. Date of Last Report: **01/02/1996**

2. Principal Place of Business
21 5912 TARAWOOD DR
Suite, Apt. #, etc. 22
City & State 23 ORLANDO, FL.
Zip 24 32819 Country 25 USA

2a. Mailing Address
26 5912 TARAWOOD DR.
Suite, Apt. #, etc. 27
City & State 28 ORLANDO, FL.
Zip 29 32819 Country 30 USA

4. FEI Number: **59-3079625** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SHREVE, RICHARD E.
31 PINE ST.
WINDEMERE FL 34786

10. Name and Address of New Registered Agent

81 Name: RICHARD E. SHREVE
82 Street Address (P.O. Box Number is Not Acceptable): 5912 TARAWOOD DR.
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: RICHARD E. SHREVE — Date: 7-27-96
Signature of new registered agent, if changed, or of the present registered agent, if no change (REQUIRED)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHREVE, RICHARD E. 31 PINE STREET WINDEMERE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P SHREVE, RICHARD E. 5912 TARAWOOD DR. ORLANDO, FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SNEDDON, JOCK M 5912 TARAWOOD DRIVE ORLANDO FL 32819	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-27-96 407-876-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD E. SHREVE