

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90245 019 \*\*\*150.00

**DOCUMENT # S74253**

1. Entity Name  
**FLORIDA HOSPITALITY SERVICES, INC.**



Principal Place of Business  
**501 E. CAMINO REAL  
BOCA RATON, FL 33432-6127**

Mailing Address  
**PO BOX 5025  
CORPORATE OFFICES  
BOCA RATON, FL 33-4321**

2. Principal Place of Business

3. Mailing Address  
**PO BOX 5025**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**CORPORATE OFFICES**

02252004 Chg-P CR2E034 (10/03)

City & State

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0301371**

Applied For  
Not Applicable

Zip

Country

Zip  
**33431**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC  
ONE SE THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FEDER, DAVID B  
501 E. CAMINO REAL  
BOCA RATON, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FEDER, DAVID S  
501 E. CAMINO REAL  
BOCA RATON, FL 33432** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MOOR, WAYNE  
501 E. CAMINO REAL  
BOCA RATON, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MOOR, WAYNE  
501 E CAMINO REAL  
BOCA RATON, FL 33432** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TV  
FINOCCHIARO, MARY JO  
501 E. CAMINO REAL  
BOCA RATON, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/V  
FINOCCHIARO, MARY JO  
501 E. CAMINO REAL  
BOCA RATON, FL 33432** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SV  
HANDLEY, RICHARD L  
501 E. CAMINO REAL  
BOCA RATON, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/S/D  
HANDLEY, RICHARD L  
450 E. LAS OLAS BLVD. #1500  
FT. LAUDERDALE, FL 33301** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
STIRK, ROBERT  
501 E. CAMINO REAL  
BOCA RATON, FL 33432** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MaryJo Finocchiaro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MaryJo Finocchiaro* 4/16/04

Date

**561-447-5302**

Daytime Phone #