FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT

STATE Sandra B. Morth

Secretary of State

DIVISION OF CORPOR

FILED May 16 1997 8:00am Secretary of State

DOCUMENT # VOO052 (3) 1. Corporation Name SOUTHERN HOSPITALITY SALES & REPAIR, INC.													
Principal Place of Business Mailing Address					1		\dashv						
4201 E. COLUMBUS DRIVE TAMPA FL 33605			4201 E. COLUMBUS DRIVE TAMPA FL 33605-3202										
				<u>_</u>				12/12/1991		Date of Las 2/02/199			
2. Principal P	lace of Business		. Mailing Address		ı		1				Applied		
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.		┨-					\$8.7	Not App 5 Addition		
22		27						5. Certificate of Status Desired			Require		
-	e	<u> </u>	City & State		1						00 May		
23 Zip	Country	28	Zip	Cou	intry	,	1		rlanait		ed to Fee		
24	25	29		30	,		'	Florida Statutes		Die tax unde No	rs. 199,	032,	
	SOUTHERN HOSPITALITY SALES & REPAIR, INC. Columbus Drive												
					61	Name							
					82	Street Add	ress	(P.O. Box Number is Not Acceptab	le)				
IAN	MPA FL 33805				A3								
			-										
					84	City			F	85 7	ip Code		
SIGNATURE	Signature, typed or printed name of registered age	ent and tille	u if applicable (NO)	IF: Registere				ren reinstating)	DATE				
12.								ADDITIONS/CHANGES TO OFFICE	ERS A				
TITLE NAME			L_J DECEIE							Chang	e 🔲	Addition	
STREET ADDRESS					1							Ì	
CITY-ST-ZIP					1								
TITLE			☐ DELE1E							Chang	je 🔲 /	Addition	
NAME				2.2 N	AME								
STREET ADDRESS				2.3 S	TREET	ADDRESS							
CITY-ST-ZIP	TAMPA FL					ST-ZIP							
TITLE	BOSCIOU THOMAS C		L DELETE		-					Chang	,e 🗌 /	Addition	
NAME													
				1									
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NAME										L_ Onling	، ت	Nugilion	
STREET ADDRESS						ADDRESS							
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NAME				5.2 N/	ME								
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CITY-ST-ZIP			Descri		_	1 - ZIP				····	 -		
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NAME OTDEET ADODECC				B .		ADDRESS						-	
STREET ADORESS CITY-ST-ZIP						ADDRESS						}	
MILL - MI - EII				6.4 CI	11-0	1-2H							

I do 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, or on an attachment with an address.