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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V14286

(1)

HOTEL FUND, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1201 HAYS STREET 1201 HAYS STREET 2ND FLOOR 2ND FLOOR TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 58-1994708 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC. R1 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 85 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition SPIVACK, EDMUND S. NAME 1.2 NAME 5901 MONTROSE ROAD #N409 STREET ADDRESS 1.3 STREET ADDRESS ROCKVILLE MD CITY-ST-ZIP 1.4 CITY-ST-2IP TITLE DELETE 2.1 TITLE Change Addition SPIVACK, EDMUND S. NAME 2.2 NAME 5901 MONTROSE ROAD (N-409) STREET ADDRESS 2.3 STREET ADDRESS **ROCKVILLE MD** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SPIVACK, EDMUND S NAME 3.2 NAME 5901 MONTROSE ROAD (N-409) STREET ADDRESS 3.3 STREET ADDRESS **ROCKVILLE MD** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 41 TITLE ☐ Change ■ Addition SPIVACK, EDMUND S. NAME 4. 2 NAME 5901 MONTROSE ROAD (N-409) STREET ADDRESS 4.3 STREET ADDRESS **ROCKVILLE MD** CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition NIEMELA. MARYLYN NAME 5.2 NAME 20421 IVYBRIDGE COURT STREET ADDRESS 5.3 STREE1 ADDRESS **GAITHERSBURG MD** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City-St-ZIP

14. Thereby 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 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 tustee efficiency to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 or shanged (or or a supplied in ent with an aptide A).