

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V25142** (3)

1. Corporation Name

CARIBBEAN HOSPITALITY SERVICES, INC.

Principal Place of Business

**240 SW 12TH AVE
DEERFIELD BEACH FL 33442**

Mailing Address

**240 SW 12TH AVE
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0330229

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. 198.03, Florida Statutes.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**OTTINGER, JACK W.
240 SW 12TH AVE
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 in printed form. If registered agent is not the filer, sign as agent.)

(If filer, Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OTTINGER, JACK W.
STREET ADDRESS	240 SW 12TH AVE
CITY, ST, ZIP	DEERFIELD BEACH FL
TITLE	DST
NAME	OTTINGER, DEBORAH D.
STREET ADDRESS	240 SW 12TH AVE
CITY, ST, ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 198.03(2), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a 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 of this document, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name