

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Stanley B. Mortenson

Secretary of State

1996 5-1-96

B-6353-NC

DOCUMENT # V32037 (6)

1. Corporation Name

LOUISVILLE LODGING ASSOCIATES OF KY., INC.



Principal Place of Business

Mailing Address

3399 PEACHTREE RD. N.E.
SUITE 1220
ATLANTA GA 30326
US

3399 PEACHTREE RD. N.E.
SUITE 1220
ATLANTA GA 30326
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/28/1992

08/15/1995

4. FEI Number

Applied For

61-1217499

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

OSTERNDORF, MARYELLEN P
327 S. PALMETTO AVE.
DAYTONA BCH. FL 32114

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 607.002 and 607.508, 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 jurisdiction of Section 607, Florida Statutes.

SIGNATURE

Printed Name of Agent (Signature required for filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

TITLE

D

☐ DELETE

NAME

COLE, ROBERT

STREET ADDRESS

3399 PEACHTREE RD. NE SUITE 1220

CITY, ST, ZIP

ATLANTA GA 30326

TITLE

D

☐ DELETE

NAME

FLANDERS, ROBERT

STREET ADDRESS

3399 PEACHTREE RD. NE STE. 1220

CITY, ST, ZIP

ATLANTA GA 30326

TITLE

D

☐ DELETE

NAME

COLE, CHARLES

STREET ADDRESS

3399 PEACHTREE RD. NE STE. 1220

CITY, ST, ZIP

ATLANTA GA 30326

TITLE

D

☐ DELETE

NAME

JEVREMOVIC, ALBERT

STREET ADDRESS

3399 PEACHTREE RD. NE STE. 1220

CITY, ST, ZIP

ATLANTA GA 30326

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I 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 included 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 registered agent 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 a previously filed filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(404) 364-9400

CR2E034 (12/95)