SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V36184** **(2)**

1. Corporation Name
RESOLUTION HOSPITALITIES, INC.

Principal Place of Business	Mailing Address
1755 N. CONGRESS AVE. BOYNTON BEACH FL 33426	1755 N. CONGRESS AVE. BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21: 1100 Linton Blvd
Suite, Apt. #, etc. 22: Ste C-9
City & State 23: Delray Beach FL
Zip 24: 33444 Country 25:

2a. Mailing Address
26: P.O. Box 4727
Suite, Apt. #, etc. 27:
City & State 28: Portsmouth NH
Zip 29: 03802 Country 30:

4. FEI Number: 65-0336367 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ DATE
Signature, type or print 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	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	AKRIDGE, DAVID		12 NAME		
STREET ADDRESS	1755 N. CONGRESS AVE.		13 STREET ADDRESS	One Cate St., Ste.3	
CITY-ST-ZIP	BOYNTON BEACH FL		14 CITY-ST-ZIP	Portsmouth, NH 03801	
TITLE	V	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	WALSH, MICHAEL		22 NAME		
STREET ADDRESS	1755 N. CONGRESS AVE.		23 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BOYNTON BEACH FL		24 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	D	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	CRITCHFIELD, RICHARD H.		32 NAME		
STREET ADDRESS	1745 N. CONGRESS AVE.		33 STREET ADDRESS	1100 Linton Blvd Ste C-4	
CITY-ST-ZIP	BOYNTON BEACH FL		34 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 8/5/96 603-433-4742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #