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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V40468** (3)  
1. Corporation Name  
**TPE HOTELS, INC.**

Principal Place of Business      Mailing Address  
**241 E RUBY AVENUE  
SUITE A  
KISSIMMEE FL 34741**      **241 E RUBY AVENUE  
SUITE A  
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/28/1992**      3a. Date of Last Report **05/23/1994**

4. FEI Number **59-3124678**      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

2. Principal Place of Business      2a. Mailing Address

21 **2261 E. Irlo Bronson**      26 **9171 Ridge Pine Trail**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

22 **Kissimmee, FL 34744**      27 **Orlando, FL 32819**  
City & State      City & State

23      28  
Zip      Country      Zip      Country

9. Name and Address of Current Registered Agent

**MONTEE, JOHN E.  
241 E RUBY AVENUE  
SUITE A  
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name **Patrick C. Crowell, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **320 North Magnolia Avenue**  
83 **Suite B9**  
84 City **Orlando, FL**      85 Zip Code **32701**

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 *Patrick C. Crowell*      DATE **3/30/95**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>DPSI</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>N. KASSAM</b>             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>241 RUBY AVENUE STE A</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>KISSIMMEE FL</b>          | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 2.2 NAME  |   |
| STREET ADDRESS             |                              | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 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 110.07(3)(k), 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.

SIGNATURE: *N. Kassam*      Date **April 5, 1995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR