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FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V66666**

(1)

1. Corporation Name

**CEBCO HOTEL ASSOCIATES, INC.**

Principal Place of Business

P O BOX 536927  
ORLANDO FL 32853-6927

Mailing Address

P O BOX 536927  
ORLANDO FL 32853-6927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/25/1992**

4. FEI Number

**59-3143265**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **801 N. MAGNOLIA AVE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 401**

27

City & State

City & State

23 **Orlando FL**

28

Zip

Country

Zip

Country

24 **32803**

25

**USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROOKS, C E  
801 N MAGNOLIA AVE  
SUITE 401  
ORLANDO FL 32803**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BROOKS, CHARLES E.**  
STREET ADDRESS **801 N MAGNOLIA AVE. #401**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VSTD** ☐ DELETE

NAME **BROOKS, CYNTHIA M.**  
STREET ADDRESS **801 N MAGNOLIA AVE. #401**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **BROOKS, R. H.**  
STREET ADDRESS **801 N. MAGNOLIA AVE., #401**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **SIRMANS, W. T.**  
STREET ADDRESS **801 N. MAGNOLIA AVE., #401**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **AS** ☐ DELETE

NAME **MANN, A. L.**  
STREET ADDRESS **801 N. MAGNOLIA AVE., #401**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **ROWE TERRELL ANN**  
STREET ADDRESS **220 N CHURCH ST**  
CITY-ST-ZIP **SPARTANBURG SC**

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 hereby 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 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:

*[Signature]* **S. J. P. R.**

**3/31/98 (401) 422-4474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0102666

CR2E034 (10/97)