

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V70165

(8)

1. Corporation Name

~~LAUDERDALE COLONIAL MOTEL, INC.~~

LAUDCO, INC.

FILED: 12/31/96
Secretary of State
Letter #197A00000287

NO
12/31/96
VIB



Principal Place of Business

~~3040 HARBOR DR.~~
~~FT LAUDERDALE FL 33310-2401~~

Mailing Address

~~3040 HARBOR DR.~~
~~FT LAUDERDALE FL 33310-2401~~

3. Date Incorporated or Qualified
10/08/1992

3a. Date of Last Report
02/09/1996

2. Principal Place of Business
21 191 E MILLER AVE

Suite, Apt. #, etc.

22 City & State
AKRON OHIO

24 Zip 44301-1344 25 Country USA

2a. Mailing Address
26 P O BOX 869

Suite, Apt. #, etc.

27 City & State
AKRON OHIO

28 Zip 44309-0869 30 Country USA

4. FEI Number
65-0364138

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

VLASSIS, DENNIS K
1415 S FEDERAL HWY
BOYNTON BEACH FL 33435-8003

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME GRAVES, HAROLD E JR
STREET ADDRESS 191 E MILLER AVE
CITY-ST-ZIP AKRON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VSD
S. KEITH GRAVES
404 CRYSTAL LAKE RD
AKRON OH 44333-1712

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
DENNIS VLASSIS
8525 BONITA ISLE DR
LAKE WORTH FL 33467-5532

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD
PATRICK O'NEILL
1825 FAIRLAWN KNOLLS
AKRON OH 44313-5435

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
R. SCOTT GRAVES
56 RELAXED CIRCLE
HYPOLUXO FL 33462-6026

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002073390
-01/30/97--01028--030
***165.00

☐ Change ☐ Addition

14. I do 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 on an amendment with an address.

SIGNATURE:

S. Keith Graves, Vice President & Secretary

January 20, 1997

Date Daytime Phone #

CR2E034 (9/96)