

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73949** (2)

1. Corporation Name

BOWLING GREEN HOTEL ASSETS, INC.



Principal Place of Business

Mailing Address

POB 3659
INDIALANTIC FL 32903

POB 3659
INDIALANTIC FL 32903

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1992

3a. Date of Last Report

01/30/1995

4. FEI Number

58-2016388

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

10. Name and Address of New Registered Agent

KOONIN, LAUREN B.
325 FIFTH AVE
INDIALANTIC FL 32903

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOLKERT, LEON H.	
STREET ADDRESS	4116 N OCEAN DR., #700	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KOONIN, LAUREN B.	
STREET ADDRESS	325 FIFTH AVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAUST, CHARLES R	
STREET ADDRESS	4116 N. OCEAN DR., #700	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HENDERSON, CHARISSE A	
STREET ADDRESS	325 FIFTH AVENUE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOLLEHON, LINDA	
STREET ADDRESS	4116 N. OCEAN DR., #700	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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:

L Koonin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 407 725-7500
Date Daytime Phone

CR2E034 (12/95)