CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 16 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

BOWLING GREEN HOTEL ASSETS, INC.

Principal Place of Business Mailing Address POB 3659 INDIALANTIC FL \$2803 INDIALANTIC FL 32903				I INDII AKAIA INDOO IIIIN TUIH KANID IKII BISII KIQH BIBII OKOII OKOII OKOII OKOII OKOII			
MUMLANTIC PL 32903		INDIALANTIC PL 32803			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					10/21/1992		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		58-2016388	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	g, Name and Address of Cur	rent Hegistered Agent	8	1 Name	10. Name and Address of New Register	ea Agent	
	OONIN, LAUREN B.		l°	i Name			
325 FIFTH AVE			8	82 Street Address (P.O. Box Number is Not Acceptable)			
STE 207			8				
N	DIALANTIC FL 32903		0	3			
			В	4 Cily		85 Zip Code	
						L 15 210 0000	
11, Pursuant office or	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Statut ate of Florida. Such change was :	tes, the abo authorized I	ve-named cor ov the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered	
agent. I	am familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Statut	es.		3	
SIGNATURE							
			13.	gont signature requ	ired when reinstaing) DAT ADDITIONS/CHANGES TO OFFICERS (
12.	PD DELETE		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	VOLKERT, LEON H.					6 ()	
STREET ADDRESS	4116 N OCEAN DR., #700			ET ADDRESS			
CITY-ST-ZIP LAUDERDALE BY THE SEA F			1.4 CITY-ST-ZIP				
TITLE	STD DELETE		2.1 TITLE			Change Addition	
NAME	KOONIN, LAUREN B.		2.2 NAME				
STREET ADDRESS	325 FIFTH AVE			ET ADDRESS			
CITY-ST-ZIP INDIALANTIC FL			2. 4 CITY-ST-ZIP				
TITLE	VO DELETE		3.1 TITLE			Change Addition	
NAME	FAUST, CHARLES R		3.2 NAME				
STREET ADDRESS	AAAA AL OOFANI DO WOOD			ET ADDRESS			
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL		3.4. CITY - ST - ZIP				
TITLE	AS DELETE		4.1 TITLE			Change Addition	
NAME	HENDERSON, CHARISSE A		4. 2 NAM	-		<u> </u>	
STREET ADDRESS	325 FIFTH AVENUE	•		ET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY				
TITLE	AS	DELETE	5.1 TITLE			Change Addition	
NAME	GOLLEHON, LINDA	X	5.2 NAME	ł			
STREET ADDRESS	4116 N. OCEAN DR., #700			ET ADDRESS		i	
CITY-ST-7IP	LAUDERDALE BY THE SEA		5.4 City	1			
1.1111-51-712			■ SACHY-	-31-7P			

14. Thereby 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 chapter, or on an altachmynt with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME

☐ DELETE