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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15700

1. Corporation Name

SAN ANGEL INN, INC.

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90103 027 ***150.00

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| | • | | | | | | | | | |
|---|---|------------------------|-----------------------|--|----------------------------|---|--------------|----------------|--------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| MEXICAN PAVILION - EPCOT CENTER MEXICAN PAVILION - EPCOT | | | | | | | | | | |
| P.O. BOX 22136 | | P.O. BOX 22136 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| LAKE BUENA VISTA FL 32830 LAKE BUENA VISTA FL 32830 | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualifed 01/21/1981 | | | | |
| | During | 2a. Mailing Address | | | | 4. FEI Number | | An | plied For | |
| ⊢ ¬ ' | ace of Business | ¬ | | | | 59-2124354 | | _ | t Applicable | |
| 21 | W _4_ | 26 Suite, Apt. #, etc. | | | | | | \$8.75 | | |
| Suite, Apt. # | Ŧ, etc. | 27 | | | | 5. Certifcate of Status Desired | _ | | quired . | |
| City & State | , | City & State | | | - | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | • | 28 | | | | Trust Fund Contribution | | Added | | |
| Zip | Country | Zip Country | | | | 8. This corporation owes the current | t year Intar | gible | | |
| 24 | 25 | 29 30 | | | | Personal Property Tax. | | | | |
| 271 | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | | |
| | | | 8 | 11 | Name | | | | ļ | |
| DEBL | Ler, Richard D. | | | 2 | Ctroot Addros | ss (P.O. Box Number is Not Accentable | | | | |
| MEXICAN PAVILION, EPCOT CENTER | | | | 2 | Street Addres | Address (P.O. Box Number is Not Acceptable) | | | | |
| LAKE | BUENA VISTA FL 32830 | | 8 | 13 | | | | | | |
| | | • | 8 | 14 | City | | FL | 85 Zip | Code | |
| | | | | | | | | l l | registered | |
| 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: Reg | | | | | signature required | when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | DIRECTO | 188 IN 12 | |
| 12. | | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICE | | Change | Addition | |
| TITLE | PD | L.J DELEVE | | | - | | | | | |
| NAME | DEBLER, RICHARD D. | | 1.2 NAME | | | | | | 1 | |
| STREET ADORESS | 1335 KELSO BLVD. | | | | ADORESS | | | | 1 | |
| CITY-ST-ZIP | WINDERMERE FL | ☐ DELETE | 2.1 TITLE | | ZIP | | | Change | Addition | |
| TITLE . | | | 2.2 NAME | | | | | | _ | |
| NAME | | | | | | | | | i | |
| STREET ADDRESS | | | 2.3 STREE | | | | | | | |
| CITY-ST-ZIP | | | | | -ZIP | | | Change | Addition | |
| TITLE | | | 3.1 TITLE | | | | | | _ | |
| NAME | | | 3.2 NAM | | · opporee | | | | ĺ | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-: | | -212 | | | Change | Addition | |
| TILE | | □ DETEIC | i i | | } | | | | | |
| NAME | | | 4. 2 NAM | | *D0D500 | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-1 | | ZIP | | | Change | Addition | |
| TITLE | | | 5.1 TITLE 5.2 NAME | | | | | | | |
| NAME | | | | | ADDRESS | | | | | |
| STREET ADDRESS | | | 5.4 CITY | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITU | | | | | Change | ☐ Addition | |
| TITLE | | (") Deceie | 6.2 NAM | | | | | | | |
| NAME | | • | E . | | ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | | | } | |
| CITY-\$T-ZIP : ' | | | 6.4 CITY | -31- | - LIF | | | | | |

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 the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR