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Mar 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000006721**

1. Corporation Name
ORECK HOSPITALITY INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 100 PLANTATION RD, NEW ORLEANS LA 70123
 Mailing Address: 100 PLANTATION RD, NEW ORLEANS LA 70123

3. Date Incorporated or Qualified: **12/09/1998**
 4. FEI Number: **72-1337426**
 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Vice President/ Asst Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAGRECA, TONY	1.2 NAME	Stanley W. Eilers
STREET ADDRESS	100 PLANTATION RD	1.3 STREET ADDRESS	100 Plantation Rd
CITY-ST-ZIP	NEW ORLEANS LA 70123	1.4 CITY-ST-ZIP	New Orleans, LA 70123
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORECK, DAVID	2.2 NAME	
STREET ADDRESS	100 PLANTATION RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70123	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORECK, BRUCE	3.2 NAME	
STREET ADDRESS	100 PLANTATION RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70123	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORECK, MARSHALL	4.2 NAME	
STREET ADDRESS	100 PLANTATION RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70123	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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, with all other information required by Chapter 607, Florida Statutes.

SIGNATURE: **ORECK HOSPITALITY INC.**
 By: **Stanley W. Eilers, Asst Sec.** 504-731-7268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)