

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L43178** (7)

1. Corporation Name
RITZ HOSPITALITY ASSOCIATES, INC.



Principal Place of Business: **100 CLUB BLVD BROUSSARD LA 70518 US**
Mailing Address: **100 CLUB BLVD. BROUSSARD LA 70518 US**

3. Date incorporated or Qualified: **01/12/1990**
3a. Date of Last Report: **05/01/1995**
4. FEEL Number: **59-2983681**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**NUZUM, CHARLES A
3725 WICKLOW CIRCLE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers 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. Thereby 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 signatory (agent and director appropriate)

Date of Registration Change (Date of Filing)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/>
NAME	NUZUM, PEGGY A	
STREET ADDRESS	417 MARQUERITE BLVD	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE	DP	<input type="checkbox"/>
NAME	NUZUM, CHARLES A. JR.	
STREET ADDRESS	100 CLUB BLVD.	
CITY-ST-ZIP	BROUSSARD LA	
TITLE	D	<input type="checkbox"/>
NAME	EDRINGTON, THOMAS, G	
STREET ADDRESS	14476 REUTER STRASSE CIR, UNIT 2	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/>
NAME	COX, THOMAS	
STREET ADDRESS	100 RUE CHARTRES	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE	VD	<input type="checkbox"/>
NAME	ARDOIN, VIRGIL P	
STREET ADDRESS	214 ACORN DR	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	zip 70503	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	zip 70503	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	zip 70508	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS	107 TROON Cove		
5.4 CITY-ST-ZIP	BROUSSARD, LA 70518	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *CA Shuey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (318)856 9005
Date of Filing District Phone #

CR2E034 (12/95)