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FILED

**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 301484 (2)

1. Corporation Name
SAN CARLOS LODGE INC



Principal Place of Business: **790 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931**

Mailing Address: **21266 SAIL BAY DRIVE % JAMES D. HALL CASSOPOLIS MI 49031-9300**

3. Date Incorporated or Qualified: **02/01/1966**

3a. Date of Last Report: **08/05/1996**

4. FEI Number: **59-1160781**

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. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**URSOLEO, JAY
1133 ESTERO BLVD.
UNIT 102
FT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, JAMES D	
STREET ADDRESS	21266 SAIL BAY DRIVE	
CITY-ST-ZIP	CASSOPOLIS MI 49031	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALL, JOHN R	
STREET ADDRESS	3988 W800N	
CITY-ST-ZIP	LEESBURG IN 46538	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALL, JANET F	
STREET ADDRESS	21266 SAIL BAY DRIVE	
CITY-ST-ZIP	CASSOPOLIS MI 49031	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, MAUREEN	
STREET ADDRESS	3988 W800N	
CITY-ST-ZIP	LEESBURG FL 46538	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Correct
4.3 STREET ADDRESS	Leesburg IN 46538
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *James D. Hall* (Signature and Typed Name of Signing Officer or Director)

Date: **1-20-97**

Daytime Phone #: **219-234-4149**

CR2E034 (9/96)