

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **425009** (8)

1. Corporation Name
NEW FLAGLER BEACH INN INC



Principal Place of Business 300 PALM CIRCLE P.O. BOX 1418 FLAGLER BEACH FL 32136-3304	Mailing Address 300 PALM CIRCLE P.O. BOX 1418 FLAGLER BEACH FL 32136-3304
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3. Date Incorporated or Qualified 05/04/1973	3a. Date of Last Report 03/30/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2958421	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FRASSRAND, BERNARD 300 PALM CIRCLE-P. O. BOX 1418 FLAGLER BEACH FL 32036		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
			FL

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 the filer also (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, RICHARD J	1.2 NAME	
STREET ADDRESS	3133 S RIDGEWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASSRAND, BERNARD	2.2 NAME	
STREET ADDRESS	300 PALM CIR. P.O. #1418	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIETSCHER, RAYMOND	3.2 NAME	
STREET ADDRESS	423 LITTLE WHALENECK	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRICK NY	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIETSCHER, TERRY	4.2 NAME	
STREET ADDRESS	423 LITTLE WHALENECK	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRICK NY	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASSRAND, TREZ	5.2 NAME	
STREET ADDRESS	300 PALM CIR POBOX #1418	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH FL	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 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: *Bernard C. Frassrand* - **BERNARD C FRASSRAND - 3-3-1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)