

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 # **430014** (1)

1. Corporation Name
LONGBOAT RIVIERA MOTEL, INC.



Principal Place of Business
**5451 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

Mailing Address
**5451 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

3. Date Incorporated or Qualified 07/06/1973	3a. Date of Last Report 02/02/1995
4. FEI Number 59-1479011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WEISS, BERND GERHARD
547 ROUNTREE DR.
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

Signature, typed or printed name of member, agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PT	1.1 TITLE: <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISS, B G	1.2 NAME:
STREET ADDRESS: 5451 GULF OF MEXICO DR	1.3 STREET ADDRESS:
CITY-STATE-ZIP: LONGBOAT KEY, FL 00000	1.4 CITY-STATE-ZIP:
TITLE: S	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISS, L.F.	2.2 NAME:
STREET ADDRESS: 5451 GULF OF MEXICO DR	2.3 STREET ADDRESS:
CITY-STATE-ZIP: LONGBOAT KEY, FL 00000	2.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME:
STREET ADDRESS:	3.3 STREET ADDRESS:
CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME:
STREET ADDRESS:	4.3 STREET ADDRESS:
CITY-STATE-ZIP:	4.4 CITY-STATE-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-STATE-ZIP:	5.4 CITY-STATE-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-STATE-ZIP:	6.4 CITY-STATE-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: *Sandra J. Weiss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96
941-383-2552
813-383-2552
Date: Daytime Phone #

CR2E034 (12/95)