

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F33098** (7)
1. Corporation Name
SECOND PALM BEACH MOTEL ENTERPRISES, INC.



Principal Place of Business: **1601 BELVEDERE RD, SUITE 501 S WEST PALM BEACH FL 33406**
Mailing Address: **1601 BELVEDERE RD, SUITE 501 S WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified: **05/01/1981**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2095195**
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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
PALMARIELLO, JOAN
1601 BELVEDERE RD
WEST PALM BCH FL 33406

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is 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. 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWTHORNE, DAVID E	1.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501, S	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDEMMEYER, DAVID	2.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, WARREN M	3.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501, S	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFIN, ROBERT D	4.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S	4.3 STREET ADDRESS	400001784224
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	-04/17/96--01071--015
TITLE	VPC <input type="checkbox"/> DELETE	5.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, LAWRENCE	5.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, PHILLIP R	6.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	6.4 CITY-ST-ZIP	

400001784224
-04/17/96--01071--015
***200.00

JR
4-17-96

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 in an attachment with an address

SIGNATURE: *Phillip Hale* **PHILLIP HALE, TREASURER** 4/15/96 407-689-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)