

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 # J80876 (2)
1. Corporation Name
OLD ISLAND HOTELS, INC.



Principal Place of Business
**411 WILLIAM STREET
KEY WEST FL 33040**

Mailing Address
**411 WILLIAM STREET
KEY WEST FL 33040**

3. Date Incorporated or Qualified **06/29/1987** 3a. Date of Last Report **01/20/1995**

4. FEI Number **59-2831943** Applied For
Not Applicable

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 2a. Mailing Address

21 **SAME** 26 **SAME**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**CORNEAL, STANLEY C
411 WILLIAM STREET
KEY WEST FL 33040**

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 **STANLEY C. CORNEAL**
Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

3-11-96
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD CORNEAL, DAVID B**

STREET ADDRESS **1445 WEST COLLEGE AVENUE**

CITY-ST-ZIP **STATE COLLEGE PA 16807**

TITLE DELETE

NAME **STD CORNEAL, STANLEY C**

STREET ADDRESS **411 WILLIAM STREET**

CITY-ST-ZIP **KEY WEST FL 33040**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001744376
--03/15/96--01034--012
*****200.00**

3-11-96

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 on an attachment with an address.

SIGNATURE: **DAVID B. CORNEAL, PRES.** **3-11-96** **305-294-5702**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)