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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000045042 (6)**
1. Corporation Name
PALM COAST HOTEL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O THE BRICTON GROUP 1500 SKOKIE BOULEVARD, SUITE 580 NORTHBROOK IL 60062	C/O THE BRICTON GROUP 1500 SKOKIE BOULEVARD, SUITE 580 NORTHBROOK IL 60062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/16/1994		3a. Date of Last Report	
2. Principal Place of Business 21 The Bricton Group, Inc 1030 Higgins Road Suite, Apt. #, etc.	2a. Mailing Address 26 The Bricton Group, Inc 1030 Higgins Road Suite, Apt. #, etc.	4. FEI Number 65-0509203	Applied For <input type="checkbox"/> Not Applicable
22 Suite 260 City & State	27 Suite 260 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Park Ridge, IL Zip	28 Park Ridge, IL Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 60068	25 USA	29 60068	30 USA

9. Name and Address of Current Registered Agent

**C/O C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 original and a copy of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed; printed agent initials; signature (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D William Renton
STREET ADDRESS		1.3 STREET ADDRESS	214 College Park Plaza
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Johnstown, PA 15904
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/D Raymond Porsch
STREET ADDRESS		2.3 STREET ADDRESS	214 College Park Plaza
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Johnstown, PA 15904
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T/D Edward Doherty
STREET ADDRESS		3.3 STREET ADDRESS	1030 Higgins Road, Suite 260
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Park Ridge, IL 60068
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D James Arnone
STREET ADDRESS		4.3 STREET ADDRESS	214 College Park Plaza
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Johnstown, PA 15904
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 110.07(9)(b), 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: *Edward J. Doherty*
EDWARD J. DOHERTY

2/08/95 DATE

708-648-3800 TELEPHONE #