

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

303731 (3)

**DOCUMENT # P94000045042(6)**

1. Corporation Name

**PALM COAST HOTEL ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

c/o THE BRICTON GROUP, INC.  
1030 Higgins Road  
Suite 260  
Park Ridge, IL 60068

c/o THE BRICTON GROUP, INC.  
1030 Higgins Road  
Suite 260  
Park Ridge, IL 60068

3. Date Incorporated or Qualified  
**June 16, 1994**

3a. Date of Last Report  
**February 28, 1995**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

28. Zip

25. Country

29. Country

24. Name and Address of Current Registered Agent

30. Name and Address of New Registered Agent

c/o CT CORPORATION SYSTEM  
1200 Pine Island Road  
Plantation, FL 33324

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

Signature of the principal place of business agent and the corporation

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	WILLIAM D. RENTON	
STREET ADDRESS	214 College Park Plaza	
CITY-ST-ZIP	Johnstown, PA 15904	
TITLE	Vice President/Director	<input type="checkbox"/> DELETE
NAME	JAMES ARNONE	
STREET ADDRESS	214 College Park Plaza	
CITY-ST-ZIP	Johnstown, PA 15904	
TITLE	Secretary/Director	<input type="checkbox"/> DELETE
NAME	RAYMOND PORSCH	
STREET ADDRESS	214 College Park Plaza	
CITY-ST-ZIP	Johnstown, PA 15904	
TITLE	Treasurer/Director	<input type="checkbox"/> DELETE
NAME	EDWARD J. DOHERTY	
STREET ADDRESS	1030 Higgins Road, Suite 260	
CITY-ST-ZIP	Park Ridge, IL 60068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		
16. STREET ADDRESS		
17. CITY-ST-ZIP		
18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		
20. STREET ADDRESS		
21. CITY-ST-ZIP		
22. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME		
24. STREET ADDRESS		
25. CITY-ST-ZIP		
26. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		
28. STREET ADDRESS		
29. CITY-ST-ZIP		

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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 617, 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* Treasurer/Director 6/18/96 847-698-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

6-24-96