

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000045042 (6)

1. Corporation Name  
PALM COAST HOTEL ASSOCIATES, INC.



Principal Place of Business  
C/O THE BRICTON GROUP, INC.  
1030 HIGGINS RD. STE 260  
PARK RIDGE IL 60068  
US

Mailing Address  
C/O THE BRICTON GROUP, INC.  
1030 HIGGINS RD. STE 260  
PARK RIDGE IL 60068-5761  
US

3. Date Incorporated or Qualified <b>06/16/1994</b>	3a. Date of Last Report <b>06/24/1996</b>
4. FEI Number <b>65-0509203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State <i>10 Kingswood Drive Palm Coast, FL</i>	27. City & State
23. Zip <i>32137</i>	28. Zip
24. Country <i>USA</i>	29. Country
30. Country	

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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RENTON, WILLIAM	
STREET ADDRESS	214 COLLEGE PARK PLAZA	
CITY-ST-ZIP	JOHNSTOWN PA 15904	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PORSCH, RAYMOND	
STREET ADDRESS	214 COLLEGE PARK PLAZA	
CITY-ST-ZIP	JOHNSTOWN PA 15904	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOHERTY, EDWARD	
STREET ADDRESS	1030 HIGGINS ROAD, SUITE 260	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARNONE, JAMES	
STREET ADDRESS	214 COLLEGE PARK PLAZA	
CITY-ST-ZIP	JOHNSTOWN PA 60068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Arnone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97 8476983800  
DATE DAYTIME PHONE

CR2E034 (9/96)