

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

**FILED**

**Mar 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000009049 (4)**  
1. Corporation Name  
**CEM INN CORPORATION**



Principal Place of Business: 2958 KENLWICK DRIVE NORTH CLEARWATER FL 34621  
Mailing Address: 2958 KENLWICK DRIVE NORTH CLEARWATER FL 34621-3314

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. City & State  
23. Zip  
24. Country

3. Date Incorporated or Qualified: 01/31/1995  
3a. Date of Last Report: 03/29/1996  
4. FEI Number: 59-3291294  
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

9. Name and Address of Current Registered Agent  
**CASTELLI, ELISA  
16405 US 19 NORTH  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent (B1-B5)  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASTELLI, DAVID A	
STREET ADDRESS	16405 US 19 N.	
CITY- ST- ZIP	CLEARWATER FL 34624	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EGERTER, CHARLES	
STREET ADDRESS	16405 US 19 N.	
CITY- ST- ZIP	CLEARWATER FL 34624	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<del>EGERTER, ELSIA</del> Castelli	
STREET ADDRESS	16405 US 19 N.	
CITY- ST- ZIP	CLEARWATER FL 34624	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EGERTER, AMY E	
STREET ADDRESS	16405 US 19 N.	
CITY- ST- ZIP	CLEARWATER FL 34624	
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	Correct Name: Elisa Castelli
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: *Elisa Castelli* **Elisa Castelli** 813535-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)