

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90291 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000029296

1. Corporation Name
INTOWN SUITES ORLANDO SOUTH, INC.



Principal Place of Business
**1951 CENTRAL FLORIDA PARKWAY
 ORLANDO FL 32821**

Mailing Address
**2102 PIEDMONT ROAD
 ATLANTA GA 30324
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1995

4. FEI Number
59-3308965

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip Country
24 **25**

Zip Country
29 **30**

9. Name and Address of Current Registered Agent
**CARPENTER, RONALD A
 5608 N.W. 43RD STREET
 GAINESVILLE FL 32653**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VICKERS, DAVID M	
STREET ADDRESS	2102 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VICKERS, CHERYL	
STREET ADDRESS	2102 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VICKERS, JULIE	
STREET ADDRESS	2102 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BREWER, BILL	
STREET ADDRESS	2102 PIEDMONT RD	
CITY-ST-ZIP	ATLANTA GA 30324	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a letter like empowered.

SIGNATURE: *Bill Brewer* **Bill Brewer** Date: **4/22/99** Daytime Phone #: **404-875-7910**

CR2E034 (11/98)