


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

FILED
Mar 11 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 # PA6000025496 1. Corporation Name OLDE TOWNE ENCHANTMENT INC. DBA			
Principal Place of Business BEACH FRONT MOTEL 1544 S. OCEANSHORE BLVD FLAGLER BEACH, FLA 32136		Mailing Address	
2. Principal Place of Business 21. Suite, Apt. #, etc.		2a. Mailing Address 26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
3. Date Incorporated or Qualified 3-18-96		3a. Date of Last Report -	
4. FEI Number 59-3419577		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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			
9. Name and Address of Current Registered Agent CARL F MAUNEY 1544 S. OCEANSHORE BLVD FLAGLER BEACH, FLA 32136		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT <input type="checkbox"/> DELETE NAME: CARL F MAUNEY + WIFE (REBECCA) STREET ADDRESS: 1544 S. OCEANSHORE BLVD CITY, ST, ZIP: FLAGLER BEACH, FLA 32136	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	
TITLE: STOCKHOLDER <input type="checkbox"/> DELETE NAME: SCOTT D SIMMELINK + WIFE (CATHERINE) STREET ADDRESS: 3550 FENCELINE RD CITY, ST, ZIP: FRANKSVILLE WIS 53126	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	
TITLE: EFUCH MAUNEY REVOCABLE TRUST <input type="checkbox"/> DELETE NAME: STOCKHOLDER STREET ADDRESS: 9100 PEBBLE BEACH NE CITY, ST, ZIP: ALBUQUERQUE, NM 87111	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 further certify that the corporation registered with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided 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 a director or officer 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 on Block 12 or Block 13, or on an attachment with an address.		100002111701 -03/12/97--01108--008 ***165.00 Date: 3/5/97 Phone: (904) 439-0089	
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CARL F MAUNEY	

CR2E034 (9/96)