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Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 125893 (8)
1. Corporation Name
PRINCESS MARY HOTEL COMPANY INC.

Principal Place of Business Mailing Address
P.O. BOX 1261 P.O. BOX 1261
ST PETERSBURG FL 33731 ST PETERSBURG FL 33731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1932	
21. P.O. Box 1261	26. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	28. City & State St. Petersburg, Fla.	29. Zip 33731	30. Country Florida
22. City & State		23. City & State		24. City & State	
25. Zip		26. Zip		27. Country	
28. Name and Address of Current Registered Agent BOND, WILLIAM 800 34TH AVENUE NORTH ST PETERSBURG FL 33704		10. Name and Address of New Registered Agent			
29. Name		31. Street Address (P.O. Box Number is Not Acceptable)			
32. City		33. 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	PD	1.1 TITLE	
NAME	BOND, NIN U.	1.2 NAME	
STREET ADDRESS	750 34TH AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BOND, SAMUEL F.	2.2 NAME	
STREET ADDRESS	ONE BEACH DRIVE SE #814	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	BOND, WILLIAM	3.2 NAME	
STREET ADDRESS	800 34TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(l), 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: William T Bond REQUIRED

CR2E034 (10/97)