

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

FILED
Feb 12 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 # **248254** (5)
1. Corporation Name
HIGH NOON APARTMENT MOTELS, INC.

Principal Place of Business
**4424 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA
LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**4424 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA
LAUDERDALE BY THE SEA FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		06/08/1961	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-0393439	
24		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NOVAK, PAUL
4416 EL MAR DRIVE
LAUDERDALE BY SEA FL 33308**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NOVAK, PAUL			1.2 NAME			
STREET ADDRESS	191 SHERWOOD DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NOVAK, BRUCE			2.2 NAME			
STREET ADDRESS	191 SHERWOOD DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NOVAK, CAROL			3.2 NAME			
STREET ADDRESS	191 SHERWOOD DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NOVAK, BRIAN			4.2 NAME			
STREET ADDRESS	191 SHERWOOD DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NOVAK, JENNIFER			5.2 NAME			
STREET ADDRESS	191 SHERWOOD DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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)(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:

Paul Novak President

2/3/98

860-549-4900

CP2E034 (10/97)