SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

1997 MAR 18 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 346336

1. Corporation Name

Panorama Inn of Florida, Inc.

Principal Place of Business	Mailing Address
2300 Econ Circle Orlando, Florida 32817	P.O. Box 677639 Orlando, Florida 32867-7639

3. Date Incorporated or Qualified: 05/16/69

3a. Date of Last Report: 7/30/1996

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 (24) Country (25)

ZIP (29) Country (30)

4. FEI Number: 59-1289120 ☐ Applied For ☐ Not Applicable

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

Arthur J. Schneider
2300 Econ Circle
Orlando, Florida 32817

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	James Wall		1.2 NAME	
STREET ADDRESS	333 Rio Rancho Dr. NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	Rio Rancho, NM		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Mohan Vachani		2.2 NAME	
STREET ADDRESS	641 Lexington Ave., 6th Floor		2.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Arthur J. Schneider		3.2 NAME	
STREET ADDRESS	2300 Econ Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Gary L. Sullivan		4.2 NAME	
STREET ADDRESS	333 Rio Rancho Dr. NE		4.3 STREET ADDRESS	
CITY-ST-ZIP	Rio Rancho, NM		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	W. Dan Buchly		5.2 NAME	
STREET ADDRESS	333 Rio Rancho Dr. NE		5.3 STREET ADDRESS	
CITY-ST-ZIP	Rio Rancho, NM		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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***165.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Wall, President 3/7/97 (505) 892-9200

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

C63152
12-03-96

3-18