FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:14

DOCUMENT # **461883** (1)

1. Corporate Name

CONNIE'S INN, INC.

Principal Place of Business	Mailing Address
1620 S.W. SR #84 FT. LAUDERDALE FL 33315	1620 S.W. SR #84 FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1974	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1584912	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. 199.06, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business (21) Suite, Apt. # etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. # etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DOUMAR, RAYMOND A.
1177 S.E. 3RD AVENUE
FT LAUDERDALE FL 33316

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MOUSTAKAS, KATHERINE
STREET ADDRESS	20473 BEAUFAIT
CITY-ST-ZIP	HARPER WOODS, MI 00000
TITLE	PTD
NAME	MOUSTAKAS, JOSEPHINE
STREET ADDRESS	3050 NE 16TH AV
CITY-ST-ZIP	FT LAUDERDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

REMITTED BY MAY 1

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 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: Josephine Moustakas JOSEPHINE MOUSTAKAS 4-29-95 305 525 5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0224013 CP