

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 533969 (2)

1. Corporation Name:
AD-INNS, INC.



Principal Place of Business

1212 MT. VERNON ST.
ORLANDO FL 32803-5418
US

Mailing Address

1212 MT. VERNON ST.
ORLANDO FL 32803-5418
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	05/18/1977	04/21/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-1794531	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	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

LITVANY, SANDRA E
1212 MT. VERNON STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signed by the registered agent or the agent for the corporation

Signed by the new agent, subject to representation by the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	
NAME	LITVANY, SANDRA E.	12 NAME	
STREET ADDRESS	1212 MT. VERNON ST.	13 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	14 CITY-STATE-ZIP	
TITLE	S	21 TITLE	
NAME	GAINES, LISA	22 NAME	
STREET ADDRESS	1212 MT. VERNON ST.	23 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	24 CITY-STATE-ZIP	
TITLE	TD	31 TITLE	
NAME	LITVANY, SANDRA E.	32 NAME	
STREET ADDRESS	1212 MT. VERNON ST.	33 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL 41	34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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)(k), 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: Sandra E. Litvany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/15/96 (407) 895-1212

CR2E034 (12/95)