

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # 557764 (8)

1. Corporation Name
FT. LAUDERDALE MOTEL ASSOCIATES, INC.



Principal Place of Business
1601 BELVEDERE RD STE 501 S WEST PALM BCH FL 33406

Mailing Address
1601 BELVEDERE RD STE 501 S WEST PALM BCH FL 33406

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1978	3a. Date of Last Report 04/28/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1021104	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

PALMAREILLO, JOAN
1601 BELVEDERE RD
WEST PALM BCH FL 33406

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 _____ DATE _____
Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KNIGHT, WARREN	1.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD #501 S	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HAWTHORNE, DAVID	2.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD #501 S	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HALE, PHILLIP R	3.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, STE 501, SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P/CEO
STREET ADDRESS		4.3 STREET ADDRESS	DAVID BUDDMEYER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1601 BELVEDERE RD., #501S
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300001784273
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/17/96--01071--026
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***200.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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, unannulled, or on an attachment with an address.

SIGNATURE: *Phillip Hale* **PHILLIP HALE, TREASURER** **4/15/96** **407-689-9970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)

4-17-96 JR