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

AMENDED ANNUAL REPORT

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN -9 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576106

1. Corporation Name
MONTEREY MOTEL, INC.

Principal Place of Business
16 Avenida Menendez
St. Augustine, FL 32084

Mailing Address
16 Avenida Menendez
St. Augustine, FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/19/1978

4. FEI Number
59-1830995
[ ] 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 owes the current year Intangible Personal Property Tax [X] 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

Six, Ronald K. Sr.
16 Avenida Menendez
St. Augustine, FL 32084

10. Name and Address of New Registered Agent

81 Name
Daniel M. Crouse
82 Street Address (P.O. Box Number is Not Acceptable)
16 Avenida Menendez
83
84 City
St. Augustine
FL
85 Zip Code
32084

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] 6-4-99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	XX DELETE	11 TITLE	President [ ] Change [X] Addition
NAME	Six, Ronald K. Sr.		12 NAME	Robert B. Crouse
STREET ADDRESS	16 Avenida Menendez		13 STREET ADDRESS	16 Avenida Menendez
CITY-ST-ZIP	St. Augustine, FL 32084		14 CITY-ST-ZIP	St. Augustine, Florida 32084
TITLE	SD	XX DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	Six, Lessie J.		22 NAME	
STREET ADDRESS	16 Avenida Menendez		23 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084		24 CITY-ST-ZIP	
TITLE	TS	XX DELETE	31 TITLE	
NAME	Six, Lessie J.		32 NAME	
STREET ADDRESS	16 Avenida Menendez		33 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084		34 CITY-ST-ZIP	
TITLE	PD	XX DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	Six, Kelly A.		42 NAME	
STREET ADDRESS	16 Avenida Menendez		43 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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6/9/99

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] 6-4-99 (904) 824-4482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone