FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -7 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **586591** **(0)**

1. Corporation Name
INN AT PARK CENTER, INC.

Principal Place of Business	Mailing Address
1215 E. AMELIA STREET ORLANDO FL 32803	1215 E. AMELIA STREET ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/15/1978	04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 180 S. Knowles Ave.	26 180 S. Knowles Ave.
Suite, Apt. #, etc. 22 Suite 9	Suite, Apt. #, etc. 27 Suite 9
City & State 23 Winter Park, Fl.	City & State 28 Winter Park, Fl.
Zip / Country 24 32789 / 25 U.S.A.	Zip / Country 29 32789 / 30 U.S.A.

4. FEI Number: **59-1887071** ☐ 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	10. Name and Address of New Registered Agent
LOWNDES, JOHN F. 215 NORTH EOLA DRIVE ORLANDO, FL K 32801	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 and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☒ Change ☐ Addition
NAME	O'BRIEN, WILLIAM M	12 NAME	
STREET ADDRESS	1215 E AMELIA ST	13 STREET ADDRESS	180 S. Knowles Ave., Suite 9
CITY ST ZIP	ORLANDO, FL 00000	14 CITY ST ZIP	Winter Park, Fl. 32789
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LOWNDES, JOHN F	22 NAME	
STREET ADDRESS	215 NORTH EOLA DRIVE	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 00000	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MANDELL, LESTER N	32 NAME	
STREET ADDRESS	480 EAST HIGHWAY #436	33 STREET ADDRESS	
CITY ST ZIP	CASSELBERRY, FL 00000	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	RUSSELL, JAMES E JR	42 NAME	
STREET ADDRESS	1215 E AMELIA ST	43 STREET ADDRESS	180 S. Knowles Ave., Suite 9
CITY ST ZIP	ORLANDO, FL 00000	44 CITY ST ZIP	Winter Park, Fl. 32789
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report or is otherwise authorized to sign on behalf of the corporation.

SIGNATURE: _____ Jamon E. Russell, Jr. 1/13/95 407/644-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

President

0001043 CP