

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **586591** (0)

1. Corporation Name
INN AT PARK CENTER, INC.



Principal Place of Business: **180 S. KNOWLES AVENUE SUITE 9 WINTER PARK FL 32789 US**
Mailing Address: **180 S. KNOWLES AVE. SUITE 9 WINTER PARK FL 32789 US**

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

3. Date Incorporated or Qualified: **09/15/1978** 3a. Date of Last Report: **04/07/1995**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **LOWNDES, JOHN F. 215 NORTH EOLA DRIVE ORLANDO, FL. K 32801**
81 Name: **LOWNDES, JOHN F.**
82 Street Address (P.O. Box Number is Not Acceptable): **215 NORTH EOLA DRIVE**
83 City: **ORLANDO**
84 City: **ORLANDO** 85 Zip Code: **32801**

11. Pursuant to the provisions of Sections 607.0702 and 607.1501, 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 I accept the obligations of, Section 607.0705, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	O'BRIEN, WILLIAM M	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: O'BRIEN, WILLIAM M	180 S. KNOWLES AVENUE, SUITE 9	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 180 S. KNOWLES AVENUE, SUITE 9	WINTER PARK FL	3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: WINTER PARK FL		4. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD	LOWNDES, JOHN F	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LOWNDES, JOHN F	215 NORTH EOLA DRIVE	6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 215 NORTH EOLA DRIVE	ORLANDO, FL 00000	7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: ORLANDO, FL 00000		8. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	MANDELL, LESTER N	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MANDELL, LESTER N	460 EAST HIGHWAY #436	10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 460 EAST HIGHWAY #436	CASSELBERRY, FL 00000	11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: CASSELBERRY, FL 00000		12. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD	RUSSELL, JAMES E JR	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: RUSSELL, JAMES E JR	180 S. KNOWLES AVE., SUITE 9	14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 180 S. KNOWLES AVE., SUITE 9	WINTER PARK FL	15. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: WINTER PARK FL		16. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETED		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETED		18. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETED		19. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: <input type="checkbox"/> DELETED		20. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETED		21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETED		22. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETED		23. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP: <input type="checkbox"/> DELETED		24. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied to 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 holder of a trust or power of attorney or other instrument to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged or on a subsequent filing with an address.

SIGNATURE: *James E. Russell, Jr.* James E. Russell, Jr. 4/8/95 407/644-6030
President

CR2E034 (12/95)