

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

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 32789-7008
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**LOWNDES, JOHN F.
215 NORTH EOLA DRIVE
ORLANDO, FL. K 32801**

3. Date Incorporated or Qualified

09/15/1978

3a. Date of Last Report

04/12/1996

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE

Signature of officer or principal of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **O'BRIEN, WILLIAM M**
STREET ADDRESS **180 S. KNOWLES AVENUE, SUITE 9**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SD** ☐ DELETE
NAME **LOWNDES, JOHN F**
STREET ADDRESS **215 NORTH EOLA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **VD** ☐ DELETE
NAME **MANDELL, LESTER N**
STREET ADDRESS **480 EAST HIGHWAY #438**
CITY-ST-ZIP **CASSELBERRY, FL 00000**

TITLE **PD** ☐ DELETE
NAME **RUSSELL, JAMES E JR**
STREET ADDRESS **180 S. KNOWLES AVE., SUITE 9**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Russell, Jr.
President

3/12/97

Daytime Phone #

407-644-6030

CR2E034 (9/96)