

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 619405 (4)

1. Corporation Name

JILMART HOTELS, INC.

Principal Place of Business

329 E. OLYMPIA AVENUE
BOX 1073
PUNTA GORDA FL 33950

Mailing Address

329 E. OLYMPIA AVENUE
BOX 1073
PUNTA GORDA FL 33950



3. Date Incorporated or Qualified
05/02/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

DUNN, RANDALL F.
329 E OLYMPIA AVE
PUNTA GORDA FL 33950

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

Signature of Registered Agent or Officer and Director

Signature of Registered Agent or Officer and Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KATZEN, MELVYN J	
STREET ADDRESS	329 E OLYMPIA AVE	
CITY-STATE-ZIP	PUNTA GORDA FL	
TITLE	D	DELETE
NAME	BURCHERS SAMUEL A., JR	
STREET ADDRESS	1910 JAMAICA WAY	
CITY-STATE-ZIP	PUNTA GORDA FL	
TITLE	P	DELETE
NAME	DUNN, RANDALL F	
STREET ADDRESS	1000 BERMUDA	
CITY-STATE-ZIP	PT CHARLOTTE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS	2211 Bermuda	
3.4 CITY-STATE-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: X

Randall F. Dunn
Randall F. Dunn

4-26-96

DATE

CR2E034 (12/95)