FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **627920** **(2)**

1. Corporation Name

VENICE MOTEL, INC.

Principal Place of Business

509 PETERSON COURT
INVERNESS FL 34450
US

Mailing Address

509 PETERSON COURT
INVERNESS FL 34450
US

3. Date Incorporated or Qualified: **06/28/1979**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-1032764** 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

2. Principal Place of Business — 21 | Suite, Apt. # etc. — 22 | City & State — 23 | Zip — 24 | County — 25

2a. Mailing Address — 26 | Suite, Apt. # etc. — 27 | City & State — 28 | Zip — 29 | County — 30

9. Name and Address of Current Registered Agent

HAGEWOOD, JESSE B.
509 PETERSON COURT
INVERNESS FL 34450

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 Section 607.0402 or 1607.1502, 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. Said 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	HAGEWOOD, JESSE		1 NAME	
STREET ADDRESS	509 PETERSON COURT		1 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL		1 CITY-ST-ZIP	
TITLE	STD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	HAGEWOOD, MARIANNA		2 NAME	
STREET ADDRESS	509 PETERSON COURT		2 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL		2 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME	HAGEWOOD, NELL		3 NAME	
STREET ADDRESS	1ST AVENUE		3 STREET ADDRESS	
CITY-ST-ZIP	PRESTONBURG, KENTUCK		3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I hereby certify that the information supplied on this report or supplemental 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.

SIGNATURE: Marianna N. Hagewood **3/31/96** **(352)637-2731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER
MARIANNA N. HAGEWOOD

CR2E034 (12/95)