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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F19980

1. Corporation Name

. Corporation Name

MELBOURNE HARBOR MOTEL, INC.

(4)

FILED May 12 1997 8:00am Secretary of State



Principal Place WENDY L B 1807 E NEW H MELBOURNE I	layen ave	Mailing Address 16 WENDY L BRANDON 1807 E NEW HAVEN AVE MELBOURNE FL 32801-7305					3. Date Incorporated or Qualified 3a. Date of Last Report				
						02/17/	1981	05/	01/1996	opo,	
2. Principal I 21	Place of Business	2a. Mailing Address				4, FEI Nur 59-20	nber)71796			plied For t Applicable	
Suite, Apt 22	l. #, εtc.	Suite, Apt #, etc.				5. Certifica	5. Certificate of Status Desired See Required				
City & Sta	ite	City & State				Campaign Financing	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Co	untry		8. This co	rporation has liability fo			199.032,	
24	25	29	30	·				Yes .			
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name	and Address of New R	egisterec	Agent		
	YD, JOEL E ESQ										
	RAILTO PLACE E - 500				Street Ad	dress (P.O. Box	ess (P.O. Box Number is Not Acceptable)				
	LBOURNE FL 32901	•		83							
111				84	0.5.		· · · · · · · · · · · · · · · · · · ·		85 Zip (Codo	
				64	City			FI	85 Zip (200e	
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AN	D DIRECTORS	13		nt signature req	ulred when reinstating ADDITIC) NS/CHANGES TO OFF	DATE ICERS AN			
Trite	D	☐ DELETE	1.1	TITLE					Change	Addition	
NAME	BRANDON, HARRY E 1900 S HARBOR CITY BLVD			NAME							
STREET ADDRESS	MELBOURNE FL				ADDRESS						
CHTY - ST - ZIP THTGE	DST	. DELETE		CITY-S TITLE	I-ZIP			,	Change	Addition	
NAME	BRANDON, WENDY L			NAME							
STREET ADDRESS	ANNA A LIADBAD OTTY BLAD				ADDRESS						
City - \$1 - 7iP	MELBOURNE FL		2.4	CITY-!	ST-71P						
TITLE		☐ DELETE	3.1	TITLE					Change	Addition	
NAME				NAME							
STREET ADDRESS	5				ADDRESS						
CHY-SI-ZIP TITLE		DELETE		CITY-: TITLE	51~ZIP				Change	Addition	
NAME				NAME	.	* * *					
STREET ADDRESS					ADDRESS		:			+	
C-1Y - \$1 - ZIP			4.4	CITY-S	1.2IP						
10111		☐ DELEYE	5.1	TITLE					Change	Addition	
NAME				NAME			•				
STREET ADDRESS					ADDRESS		•				
C-TY-ST-ZIP TIYLE		☐ DELETE		CITY-S TITLE	11-218				Change	Addition	
NAME		F-1 DEFERE	1	NAME					TT SURVEY		
STREET ADDRESS					ADDRESS						
CHY-S'-ZIP				CITY-5	I						

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 true be 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 by on avgattachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 723-425)