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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F41885

(7)

1. Corporation Name

WARD'S OCEAN VIEW MOTEL, INC.

Principal Place of Business

301 BUENOS AIRES
NEW SMYRNA BEACH FL 32169-2613

Mailing Address

301 BUENOS AIRES
NEW SMYRNA BEACH FL 32169-2613



3. Date Incorporated or Qualified
08/21/1981

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2113199

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

9. Name and Address of Current Registered Agent

RANDOLPH, ROBERT F
1335 E WEKIVA TRAIL
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

Mumma, Irma F.

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

2541 Pulaski Avenue

83

Orlando, FL 32818

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

IRMA F. MUMMA

IRMA F. MUMMA PRES/TREASURER

5/27/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME RANDOLPH, ROBERT F
STREET ADDRESS 1335 E WEKIVA TRAIL
CITY-ST-ZIP LONGWOOD FL

TITLE P,T
NAME Mumma, Irma F.
STREET ADDRESS 2541 Pulaski Avenue
CITY-ST-ZIP Orlando, FL 32818

TITLE V,S
NAME Mumma, Thomas William
STREET ADDRESS 6900 Normcrest Court
CITY-ST-ZIP Dayton, OH 45459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

IRMA F. MUMMA PRES/TREASURER

5/29/97

(407) 644-7300

CR2E034 (9/96)