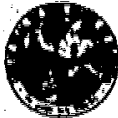


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000000936 (5)

1. Corporation Name

PALM BEACH MOTEL, INC.

Principal Place of Business

7257 MAPLE PLACE
ANNANDALE VA 22003

Mailing Address

7257 MAPLE PLACE
ANNANDALE VA 22003

APPROVED
AND
FILED

95 APR 24 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/19/1993	3a. Date of Last Report 05/17/1994
4. FBI Number 54-1161131	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

ELLINGTON, RICHARD R
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

FL

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, FLOYD W	1.2 NAME	
STREET ADDRESS	9630 BURKE VIEW DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BURKE VA 22015	1.4 CITY - ST - ZIP	
TITLE	DVC	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER, CHARLOTTE L	2.2 NAME	
STREET ADDRESS	4609 COUNTRY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANNANDALE VA 22003	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WARD, G. TRUMAN	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 30	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARSHALL VA 22115-9601	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODE, ROLAND E	4.2 NAME	
STREET ADDRESS	12701 FAIRLAKES CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22033	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(3)(b), 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 addition.

SIGNATURE:

John E. Goode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #