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Apr 01 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 # 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 22003-3003

3. Date Incorporated or Qualified 03/19/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 6615 Dearborn Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 120
Suite, Apt. #, etc.

4. FEI Number 54-1161131
Applied For Not Applicable

22 City & State
23 Falls Church VA

27 City & State
28 Annandale VA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
25 22044 USA

29 Zip Country
30 22003 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HARRIS, FLOYD W	
STREET ADDRESS	9630 BURKE VIEW DR.	
CITY-ST-ZIP	BURKE VA 22015	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	HOOVER, CHARLOTTE L	
STREET ADDRESS	4609 COUNTRY LANE	
CITY-ST-ZIP	ANNANDALE VA 22003	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, G. TRUMAN	
STREET ADDRESS	RT. 1, BOX 30	
CITY-ST-ZIP	MARSHALL VA 22115-9601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODE, ROLAND E	
STREET ADDRESS	12701 FAIRLAKES CIRCLE	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* REQUIRED Vice President 3-25-97 703/256-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)