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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Worthirm

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000001412 (4)

INNKEEPERS FINANCIAL CORPORATION

Princ	ipal	Place	of	Business	

Mailing Address

FILED Jun 16 1997 8:00am Secretary of State



806 ROYAL POINCIANA WAY PALM BEACH FL 33480				306 ROYAL POINCIANA WAY PALM BEACH FL 33480-4002														
										3. [3a. Date of Last Report 06/17/1996							
2. Principal Place of Business			2a. Mailing Address					FEI Number	1 Quo	AFIR TS			Ap	plied For I Applicable	-			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				+ ,	 Certificate of Statu	ue Desired			\$8.	7 5 /	dditional	1			
22			City & State											quired	4			
City & State			28					Election Campaigi Trust Fund Contrib			J			May Be o Fees				
Zip ~	Country			29	Zip Country				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No							199.032,		
		nd Address of	Current R	egis	tered Agent			1.		10.	Name and Addre	ss of Nev	w Regis	tered A	gent			7
FISMER, JEFFREY H 306 ROYAL POINCIANA WAY PALM BEACH FL 33480							81		Vame									1
							82	5	Street Addre	ess (P.0	O. Box Number is	Not Acce	eptable)					7
PALI	MIDENON FL	. 33400					83	1										+
*					~		84		Cily		,			FL	85	Zip (Code	$\left\{ \right.$
office or re	egi ste red ager	nt, or both, in th	e State of	Floric	07.1508, Florida S da. Such change f, Section 607.050	was auth	orized b	y th	amed corpo ne corporati	oration ion's bo	submits this state pard of directors.	ement for I hereby a	the purp sccept t	nose of	chang intme	jing it: nt as	s registered registered	
SIGNATURE	Signature, typed or	printed name of regi	·			(NOTE: Fo	·	ent s	signature require					DATE				⅃.
12.	AFA	OFFICE	RS AND D	IREC		-	13.			IA.	DDITIONS/CHANG	GES TO C	FFICEF					
TITLE	CPS FISHER, JE	EECOEV M			☐ DELET	t	1.1 THTLE								∐ Cha	ange	Addition	1
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CHTY-ST-ZIP		CH FL 33480					1.3 SITTLE											
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NAME							2.2 NAME											ļ
STREET ADDRESS							2.3 STREE	T AD	Dress									1
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NAME							3.2 NAME											
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CITY-ST-ZIP							4.4 CITY-1											
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TITLE		****			☐ DELET	E	6.1 TITLE								Cha	ange	Addition	1
NAME							6.2 NAME											
STREET ADDRESS							6.3 STREE	T ADI	DRESS									1
CITY-ST-ZIP							6.4 CITY - S	S1 - Z	MP .									

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 pranged, or on an attachment with an address.