


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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F96000003152 (3) 1. Corporation Name CORAL GABLE INNKEEPERS, INC.		
Principal Place of Business TAYLOR, KEANE & BLANCHARD, P.A. PO BOX 477 PORTSMOUTH NH 03802-477		Mailing Address TAYLOR, KEANE & BLANCHARD, P.A. PO BOX 477 PORTSMOUTH NH 03802-477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 Market St Suite, Apt. #, etc. Bldg 1 City & State Portsmouth NH Zip 03801		2a. Mailing Address 26 1000 Market St Suite, Apt. #, etc. Bldg 1 City & State Portsmouth NH Zip 03801		3. Date Incorporated or Qualified 06/21/1996	
22		27		4. FEI Number 65-0670933	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	DCP	<input type="checkbox"/> DELETE		1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, DOUG			1.2 NAME	Greene, Doug		
STREET ADDRESS	1 CATE ST #3			1.3 STREET ADDRESS	1000 Market St. Bldg 1		
CITY-ST-ZIP	PORTSMOUTH NH 03801			1.4 CITY-ST-ZIP	Portsmouth NH 03801		
TITLE	DCV	<input type="checkbox"/> DELETE		2.1 TITLE	DCV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKRIDGE, DAVID			2.2 NAME	Akridge David		
STREET ADDRESS	1 CATE ST #3			2.3 STREET ADDRESS	1000 Market St. Bldg 1		
CITY-ST-ZIP	PORTSMOUTH NH 03801			2.4 CITY-ST-ZIP	Portsmouth NH 03801		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEANE, THOMAS M			3.2 NAME			
STREET ADDRESS	95 COURT ST, PO BOX 477			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH NH 03802-477			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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]* DOUGLAS E. GREENE 3/17/98

CR2E034 (10/97)