

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F96000003152 (3)</b> 1. Corporation Name <b>CORAL GABLE INNKEEPERS, INC.</b>		



Principal Place of Business <b>TAYLOR, KEANE &amp; BLANCHARD, P.A.</b> PO BOX 477 PORTSMOUTH NH 03802-477	Mailing Address <b>TAYLOR, KEANE &amp; BLANCHARD, P.A.</b> PO BOX 477 PORTSMOUTH NH 03802-477
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/21/1996</b>		4. FEI Number <b>65-0670933</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>1000 Market St</b> Suite, Apt. #, etc. 22 <b>Bldg 1</b> City & State 23 <b>Portsmouth NH</b> Zip 24 <b>03801</b>	2a. Mailing Address 25 <b>1000 Market St</b> Suite, Apt. #, etc. 27 <b>Bldg 1</b> City & State 28 <b>Portsmouth NH</b> Zip 29 <b>03801</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		<b>FL</b> B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCP GREENE, DOUG</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DCP Greene, Doug</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1 CATE ST #3</b>	1.2 NAME	<b>1000 Market St. Bldg 1</b>
STREET ADDRESS	<b>PORTSMOUTH NH 03801</b>	1.3 STREET ADDRESS	<b>PORTSMOUTH NH 03801</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>DCV AKRIDGE, DAVID</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DCV Akridge David</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1 CATE ST #3</b>	2.2 NAME	<b>1000 Market St. Bldg 1</b>
STREET ADDRESS	<b>PORTSMOUTH NH 03801</b>	2.3 STREET ADDRESS	<b>PORTSMOUTH NH 03801</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>S KEANE, THOMAS M</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>95 COURT ST, PO BOX 477</b>	3.2 NAME	
STREET ADDRESS	<b>PORTSMOUTH NH 03802-477</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		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

CR2EC634 (10/97)