

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. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000004821 (2)**

1. Corporation Name
NORTH MIAMI INNKEEPERS, INC.

Principal Place of Business

WTHOMAS M KEANE
95 CT ST, PO BOX 477
PORTSMOUTH NH 03802-0477

Mailing Address

WTHOMAS M KEANE
95 CT ST, PO BOX 477
PORTSMOUTH NH 03802-0477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

65-0686309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **1000 Market St**

Suite, Apt. #, etc.

Bldg 1

City & State

Portsmouth NH

Zip

03801

Country

2a. Mailing Address

26 **1000 Market St**

Suite, Apt. #, etc.

Bldg 1

City & State

Portsmouth NH

Zip

03801

Country

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

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCP GREENE, DOUG**
STREET ADDRESS **1 CATE ST #3**
CITY-ST-ZIP **PORTSMOUTH NH 03801**

TITLE ☐ DELETE

NAME **DCV AKRIDGE, DAVID**
STREET ADDRESS **1 CATE ST #3**
CITY-ST-ZIP **PORTSMOUTH NH 03801**

TITLE ☐ DELETE

NAME **S KEANE, THOMAS M**
STREET ADDRESS **95 CT ST, PO BOX 477**
CITY-ST-ZIP **PORTSMOUTH NH 03802-0477**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DCP Greene, Doug**
1.3 STREET ADDRESS **1000 Market St. Bldg 1**
1.4 CITY-ST-ZIP **Portsmouth NH 03801**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DCV Akridge, David**
2.3 STREET ADDRESS **1000 Market St Bldg 1**
2.4 CITY-ST-ZIP **Portsmouth, NH 03801**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0618834

CR2E034 (10/97)