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95 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G10440 (7)

1. Corporation Name
PARK ROYAL INN, INC.

Principal Place of Business Mailing Address

**100 U.S. HIGHWAY 1
FLORIDA CITY FL 33034** **100 U.S. HIGHWAY 1
FLORIDA CITY FL 33034**

DO NOT WRITE IN THIS SPACE

2. Previous Name of Business 2a. Mailing Address

21. State, Apt. # etc. 26. State, Apt. # etc.

22. City & State 27. City & State

23. 28. 29. 30.

3. Date Incorporated or Qualified 3a. Date of Last Report

11/02/1982 **05/01/1994**

4. FEI Number Applies For

59-2797887 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

7. This corporation has liability for intangible tax under S. 199.031, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**WAWRZYNIAK, JOSEPH
100 US HWY ONE
FLORIDA CITY FL 33034**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.051 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.051, 607.1508, Florida Statutes.

SIGNATURE: _____ By _____ Registered Agent with authority of the corporation.

12. OFFICERS AND DIRECTORS

12.1 NAME STREET ADDRESS CITY, STATE, ZIP	VSTD JACKSON, TERI LYN 100 U.S. HWY. 1 FLORIDA CITY FL
12.2 NAME STREET ADDRESS CITY, STATE, ZIP	PD WAWRZYNIAK, JOSEPH 100 US HWY 1 FLORIDA CITY FL
12.3 NAME STREET ADDRESS CITY, STATE, ZIP	V JACKSON, LARRY 100 US HWY ONE FLORIDA CITY FL
12.4 NAME STREET ADDRESS CITY, STATE, ZIP	V WAWRZYNIAK 100 US HWY ONE FLORIDA CITY FL
12.5 NAME STREET ADDRESS CITY, STATE, ZIP	
12.6 NAME STREET ADDRESS CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME STREET ADDRESS CITY, STATE, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.031(9)(b), Florida Statutes. I further certify that the information included 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 in person with that person or a director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a change of officers attached with my address.

SIGNATURE: *Carol Wawrzyniak* Carol Wawrzyniak 5-1-95 (305)247-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR