

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

**FILED**

**Jul 08 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
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**DOCUMENT # G10440 (7)**

1. Corporation Name  
**PARK ROYAL INN, INC.**



Principal Place of Business <b>3323 STEEPLECHASE LANE KISSIMMEE FL 34746</b>	Mailing Address <b>3323 STEEPLECHASE LANE KISSIMMEE FL 34746</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>824 HALIFAX DRIVE</b>	2a. Mailing Address 26 <b>824 HALIFAX DRIVE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>KISSIMMEE, FL</b>	28 City & State <b>KISSIMMEE, FL</b>
24 Zip <b>34758</b>	25 Country <b>USA</b>
29 Zip <b>34758</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>11/02/1982</b>	
4. FEI Number <b>59-2797887</b>	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POTTER, RONALD G  
56 NW 9TH STREET  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WAWRZYNIAK, CAROL</b>	
STREET ADDRESS	<b>3323 STEEPLECHASE LANE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WAWRZYNIAK, JR. JOSEPH</b>	
STREET ADDRESS	<b>100 US HWY ONE</b>	
CITY-ST-ZIP	<b>FLORIDA CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WAWRZYNIAK, ROBERT</b>	
STREET ADDRESS	<b>100 US HWY ONE</b>	
CITY-ST-ZIP	<b>FLORIDA CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>824 HALIFAX DRIVE</b>
1.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34758</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>824 HALIFAX DRIVE</b>
2.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34758</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>824 HALIFAX DRIVE</b>
3.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34758</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002583292</b>
6.3 STREET ADDRESS	<b>-07/08/98--01077--030</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

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 \_\_\_\_\_ DATE **7-28-98**

CR2E034 (10/97)