

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H21259** (7)

1. Corporation Name
1ST CLASSIC INNS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1601 BELVEDERE RD STE 501 S. 1601 BELVEDERE RD STE 501 S.
W. PALM BCH. FL 33406 W. PALM BCH. FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/17/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2528773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent PALMARIELLO, JOAN 1601 BELVEDERE RD W. PALM BCH. FL 33406		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 607.0502 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 FEI of corporation. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, PHILLIP R	1.2 NAME	<i>See attached</i>
STREET ADDRESS	1601 BELVEDERE RD., STE 501, SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH FL	1.4 CITY - ST - ZIP	
TITLE	EVP	2.1 TITLE	
NAME	BUDDMEYER, DAVID	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	% 1601 BELVEDERE RD.#501	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VFP	3.1 TITLE	
NAME	KNIGHT, WARREN M.	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 BELVEDERE RDS, SUITE 501 S.	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VPAS	4.1 TITLE	
NAME	RUFFIN, ROBERT D.	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VPC	5.1 TITLE	
NAME	CARBALLO, LAWRENCE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	5.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	
NAME	HALE, PHILLIP R.	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	6.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that I am 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: *Phillip Hale* **Phillip Hale** 4/21/95 407-689-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

24 - Apr - 95

H 2129

OFFICERS & DIRECTORS OF 1ST CLASSIC INNS INT'L, INC.

OFFICERS:

CEO

DAVID HAWTHORNE

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

PRESIDENT & CHIEF OPERATING
OFFICER

DAVID BUDDEMEYER

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

V.P. - FINANCE & CHIEF FINANCIAL
OFFICER

WARREN KNIGHT

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

V.P. - ADMIN./SECRETARY

ROBERT RUFFIN

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

SENIOR V.P. - BUSINESS
DEVELOPMENT

RONALD E MCCAULEY

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

TREASURER & ASSISTANT
SECRETARY

PHILLIP HALE

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

ASSISTANT SECRETARY

MICHAEL DIAZ

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

ASSISTANT SECRETARY

JOAN PALMARIELLO

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

ASSISTANT SECRETARY

MOHAMMAD TARIQUE

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

CONTROLLER

LAWRENCE CARBALLO

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406

DIRECTORS:

CHAIRMAN OF THE BOARD
OF DIRECTORS

DAVID HAWTHORNE

1601 BELVEDERE ROAD SUITE 501 SOUTH
WEST PALM BEACH, FL 33406