

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H21259 (7)

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



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

3. Date Incorporated or Qualified 09/17/1984	3a. Date of Last Report 04/28/1995
4. FEI Number 59-2528773	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**PALMARELLO, JOAN
1601 BELVEDERE RD
W. PALM BCH. FL 33406**

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: _____ (NOTE: Registered Agent sign or be required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, PHILLIP R	1.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD., STE 501, SOUTH WEST PALM BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDEMMEYER, DAVID	2.2 NAME	P/D/CEO
STREET ADDRESS	% 1601 BELVEDERE RD.#501	2.3 STREET ADDRESS	DAVID BUDEMMEYER
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	1601 BELVEDERE RD., #501S WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPP	3.2 NAME	
STREET ADDRESS	KNIGHT, WARREN M.	3.3 STREET ADDRESS	
CITY-ST-ZIP	1601 BELVEDERE RDOS, SUITE 501 S. W. PALM BEACH FL	3.4 CITY-ST-ZIP	400001783574
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	-04/17/96--01027--022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPAS	4.2 NAME	***2200.00
STREET ADDRESS	RUFFIN, ROBERT D.	4.3 STREET ADDRESS	
CITY-ST-ZIP	1601 BELVEDERE RD, SUITE 501 S. W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPC	5.2 NAME	C
STREET ADDRESS	CARBALLO, LAWRENCE	5.3 STREET ADDRESS	LAWRENCE CARBALLO
CITY-ST-ZIP	1601 BELVEDERE RD, SUITE 501 S. W. PALM BEACH FL	5.4 CITY-ST-ZIP	1601 BELVEDERE RD., #501S WEST PALM BEACH, FL 33406
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	6.2 NAME	
STREET ADDRESS	HALE, PHILLIP R.	6.3 STREET ADDRESS	
CITY-ST-ZIP	1601 BELVEDERE RD, SUITE 501 S. 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 119.07(3)(k), 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: **PHILLIP HALE, TREASURER** Date: **4/15/96** Daytime Phone #: **407-689-9970**

CR2E034 (12/95)

4-17-96 JR