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

Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # H41464** (9) WEST FLORIDA VILLAGE INN, INC. Principal Place of Business Mailing Address **B240 N. DAVIS HIGHWAY** 8240 N. DAVIS HIGHWAY PENSACOLA FL 32514 PENSACOLA FL 32514 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2491835 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zıp Country Country 8. This corporation owes or has paid the current year Intanglible Personal Property Tax due June 30. Yes No 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CELANO, EUGENE 941 POCAHONTAS DR 82 Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32547 83 84 City 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PD Change Addition TITLE 1.1 TITLE CELANO, EUGENE R. NAME 1.2 NAME 941 POCAHONTAS DR STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BEACH FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CELANO, REBECCA NAME 2.2 NAME 941 POCAHONTAS DR STREET ADDRESS 2.3 STREET ADDRESS FT WALTON BEACH FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-7IP 3.4. CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. Thereby 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 order attachment with an excress.

SIGNATURE:

(85)479-1099

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City - St - 7iP

SIGNATURE:

TITLE

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