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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H47069 (0)
 1. Corporation Name
INN-FIELD PUB, INC.



Principal Place of Business: **11439 NW OAKLAND PARK BLVD SUNRISE FL 33323-0000**
 Mailing Address: **11439 NW OAKLAND PARK BLVD SUNRISE FL 33323-1465**

3. Date Incorporated or Qualified: **03/13/1985**
 3a. Date of Last Report: **03/11/1996**

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
 4. FEI Number: **59-2541917**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

GRODIN, LAWRENCE W.
7770 NW 50TH STREET
APT. 208
LAUDERHILL FL 33351

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: _____
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRESLOW, HARVEY		1.2 NAME	
STREET ADDRESS: 4848 NW 24TH COURT #133		1.3 STREET ADDRESS	
CITY-ST-ZIP: LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRESLOW, LEONARD		2.2 NAME	
STREET ADDRESS: 10520 SW 51ST STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP: COOPER CITY FL		2.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRODIN, LAWRENCE W.		3.2 NAME	PD GRODIN, Lawrence W.
STREET ADDRESS: 7770 NY 50TH STREET, APT. 208		3.3 STREET ADDRESS	7770 N.W. 50th St Apt 208
CITY-ST-ZIP: LAUDERHILL FL		3.4 CITY-ST-ZIP	LAUDERHILL, FL
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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: *Leonard Breslow* **Leonard Breslow** / 3/17/97 954-741-2109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)