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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 21 1998 8:00am Secretary of State

	1998	DIVISION OF	CORPORATIONS		or state
	MENT # H6171 WONROE INN, INC.	6 (7)		( 1881) File 21/81 (181) 1868 (1818 Riv 8/8) B.	DI SABIT BISTI BISTI BISTI 1881
	ce of Business	Mailing Address		A residit out alon then sale and aren and	), , alax alak alak alak alak .ala
PO BOX 470400 PO BOX 470400 LAKE MONROE FL 32747 LAKE MONROE FL 32747			,		
O #12 1101#11		SHE WOINGE I C VEIT		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
2. Principal f	Place of Business	2a. Mailing Address		06/10/1985 4. FEI Number	Applied For
21		26		59-2559134	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	tt <del>o</del>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	ISTAFSON, ALBERT D.		81 Name		
	85 N. HWY 17-92		B2 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
SA	NFORD FL 32771		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-named corr	poration submits this statement for the purpose	of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblid	e of Florida, Such change was actions of Section 607 0505. Fl	authorized by the corporal orida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	pointment as registered
SIGNATURE	and described the state of the	ganoris or, occurori con conse	onda otatolog.		
	Signature, typed or printed hame of registered ag		IL Registerød Agent signature requi		
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12  Change Addition
TITLE NAME	GUSTAFSON, ALBERT D.		1 1 TITLE 1.2 NAME		Catalige Catalogue
STREET ADDRESS	2485 N. HWY. 17-92		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		
NAME	GUSTAFSON, MARGARET A.		2 2 NAME		Change Addition
STREET ADDRESS	2485 N. HWY. 17-92		Z Z INPANTE		Change Addition
CITY - ST - ZIP	SANFORD FL 32771		2.3 STREET ADDRESS		Change Addition
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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 eath; 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 attactment with an address.

CIGNATURE.

allof D. Take

4/15/98 401-322-3108