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

PROFIT CORPORATION ANNUAL REPORT

1997

FERNWOOD HOTEL, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J18900

(7)

FILED Feb 03 1997 8:00am Secretary of State



Principal Place of Business 912 S. RIDGEWOOD AVE., SUITE D DAYTONA BEACH FL 32114	Mailing Address 912 S. RIDGEWOOD AVE., SUITE DAYTONA BEACH FL 32114-5363				
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							3. Date incorporated or Qualified 3a. Date of Last Report 04/25/1996				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For	
21 26							59-2712126			t Applicable	
Suite, Apt. #, etc. Suite 22 27			e, Apt. #, etc.				5. Certificate of Status Desired Security Securi				
City & State		City & Sta	nte				6. Election Campaign Financing	<u></u>	\$5.00		
23		28					Trust Fund Contribution		Added t		
Zip				Count 30	ıry		8. This corporation has liability for in			. 199.032,	
24 25 29 3 9. Name and Address of Current Registered Agent							Florida Statutes Y Yes No 10. Name and Address of New Registered Agent				
NID/	ONT, HEWITT J.	on riegioteieu rige		8	1	Name	to, Hame and Addices of New He	Notor to	Bour		
				[*		Tunto					
912 S RIDGEWOOD AVE SUITE D					82 Street Address (P.O. Box Number is Not Acceptable)						
					3						
DATI	ONA BEACH FL 32114			l°							
				8	4	City		e== a	85 Zip (Code	
<u> </u>			·					FL			
office or re	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in fairmar with, and accept the obli	te of Florida. Such c	hange was a	authorized I	by I	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of o	changing it intment as	s registered registered	
SIGNATURE :	Styriatine, type for philips and name of registered a	gent and title if applicable	(NOII)	E Registered A	\gen	nt signature require	ed when reinstating)	DATE			
12.	OF LICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	PTD		DELETE	1.1 TITLE	E				Change	Addition	
NAME	HEWITT, DUPONT J			1.2 NAM	E						
STREET ADORESS	912 \$ RIDGEWOOD AVE, SU	ME D		1.3 STRE	ET A	ADDRESS					
CITY- ST-ZIP	DAYTONA BEACH FL			1.4 CITY	-81	- ZIP					
TITLE	VD		DELETE	2.1 TITLE	E	***************************************	1711-111-1111-1111-1111-1111-1111-111-1		Change	Addition	
NAME.	CARTER, BARBARA ALLEN			2.2 NAM	E						
STREET ADORESS	772 BUENA VISTA AVE.			2.3 STRE	ET A	ADDRESS					
CITY-ST-2IF	ORMOND BEACH FL			2. 4 CITY							
TITLE	AD		DELETE	3.1 TITLE	.,				Change	Addition	
NAME	LINKOUS, NANCY LOUISE			3.2 NAM	E	į					
STREET ADDRESS	772 BUENA VISTA AVE.					ADDRESS					
CHTY- ST- ZIF	ORMOND BEACH FL			3.4. CITY							
HILE	Activities of the secondary of the secon		DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·	·	Change	Addition	
NAME				4. 2 NAM	Æ						
STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
CITY: ST: ZIF				4.4 CITY	- ST	:- ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition	
NAME				5.2 NAM	1E						
STREET ADDRESS				5.3 STRE	EET A	ADDRESS					
CITY-ST-Z0				5.4 CITY							
1/1LE	· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE		211			Change	Addition	
NAME				6.2 NAM				,			
STREET ADDRESS						ADDRESS					
SERICE PERCENTION				0.3 3 100		JUDITEOD					

CHY-SI 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

SIGNATURE:

(904)