

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J43666

(3)

1. Corporation Name

SOUTHERN PINES MOTEL, INC.



Principal Place of Business

Mailing Address

4869 SOUTHERN BLVD
32 NO. KIRKMAN RD.
WEST PALM BEACH FL 33415
US

4869 SOUTHERN BLVD
32 NO. KIRKMAN RD.
WEST PALM BEACH FL 33415
US

3. Date Incorporated or Qualified
11/19/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 158 Eagleton Ct

26 158 Eagleton Ct.

4. FEI Number

59-2748285

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25 33418 US

29 33418 US

30 45

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLELLA, RONALD
32 NO. KIRKMAN RD.
ORLANDO FL 32811

81 Name Debralee M. Arcaro

82 Street Address (P.O. Box Number is Not Acceptable)

158 Eagleton Court

83

84

City Palm Beach Gardens FL

85 Zip Code 33418

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

Debralee M. Arcaro

(NOTE: Registered Agent signature required when reinstating)

4-20-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ARCARO, DEBRALEE M.
STREET ADDRESS 4869 SOUTHERN BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ST
NAME ARCARO, DEBRALEE M.
STREET ADDRESS 4869 SOUTHERN BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D
NAME COLELLA, RONALD
STREET ADDRESS 32 N. KIRKMAN RD.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Debralee M. Arcaro

Debralee M. Arcaro

4-20-96

407-626-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)