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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)J62551 THE ADIRONDACK INN. INC. Principal Place of Business Mailing Address 212 COCONUT PALM ROAD 212 COCONUT PALM ROAD 450 NORTHEAST 5TH AVE -160 NORTHEAST-STIL AVE **BOCA RATON FL 33432 BOCA RATON FL 33432-4055** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1987 06/20/1996 2, Principal Place of Business Mailing Address Applied For 4. FEI Number 26 59-2789392 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes X No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSS, DONALD E. 212 COCONUT PALM ROAD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 84 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, typad or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE DELETE 1.1 TITLE Change Addition NAME ROSS, DONALD E. 1.2 NAME 212 COCONUT PALM ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIF 1.4 CITY-ST-ZIP HILLE DELETE 2.1 TITLE Change Addition ROSS, HELEN L. NAME 2.2 NAME 212 COCONUT PALM ROAD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** City - ST - ZiP 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - St - Ziti 3.4. CITY - \$1 - ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP 11118 DELETE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

C(TY - S1 - 7/6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING