

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. McIlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J71428** (3)

1. Corporation Name

REBECCA'S INNS OF AMERICA, INC.



Principal Place of Business: **3711 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127-5201**
Mailing Address: **3711 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127-5201**

3. Date Incorporated or Qualified: **05/05/1987**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-2806205**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
**MORGAN, TODD
3711 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127**

10. Name and Address of New Registered Agent
81 Name: **Becky Sue Prince**
82 Street Address: **3711 S. Atlantic Ave**
83 City: **Daytona Bch**
84 State: **FL**
85 Zip Code: **32127**

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: *Becky Sue Prince* DATE: **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	D Prince	<input type="checkbox"/> DELETE
NAME	MORGAN, REBECCA SUE	
STREET ADDRESS	3711 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH. SHRS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORGAN, TODD	
STREET ADDRESS	3711 S. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BCH. SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Becky Sue Prince*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BECKY SUE PRINCE

904 7673119
4-21-96
SC 5-1-96

CR2E034 (12/95)