

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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # J79654 (6)

1. Corporation Name

OLD TOWN INN, INC.

Principal Place of Business

100 SUMMIT LAKE DRIVE
3RD FLOOR NORTH
VALHALLA NY 10595
US

Mailing Address

100 SUMMIT LAKE DRIVE
3RD FLOOR NORTH
VALHALLA NY 10595
US



800001798978

04/29/96-01067-007

****200.00 ****200.00

3. Date Incorporated or Qualified 06/25/1987 3a. Date of Last Report 11/27/1995

4. FEI Number 58-1740162 Applied For Not Applicable

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 Suite, Apt. #, etc. 22 1886 Route 52
City & State 23 Hopewell Junction N.Y.
Zip 24 12533 Country 25 US
2a. Mailing Address
26 Suite, Apt. #, etc. 27 1886 Route 52
City & State 28 Hopewell Junction N.Y.
Zip 29 12533 Country 30 US

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

Marcia A. Harner

Marcia A. Harner Assistant Secretary 4/26/96

Signature typed or printed name of registered agent and their approver

(NOTE: Registered Agent Signature required when making change)

DATE

12. OFFICERS AND DIRECTORS
TITLE DC
NAME TOLLMAN, STANLEY S.
STREET ADDRESS 100 SUMMIT LAKE RIVE
CITY-ST-ZIP VALHALLA NY 10595
TITLE DP
NAME HUNDLEY, MONTY D.
STREET ADDRESS 100 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA NY 10595
TITLE DV
NAME FREEDMAN, SANFORD
STREET ADDRESS 100 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA NY 10595
TITLE T
NAME CUTLER, JAMES A.
STREET ADDRESS 100 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA FL 10595
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1. TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 1886 Route 52
14 CITY-ST-ZIP Hopewell Junction N.Y. 12533
2. TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 1886 Route 52
24 CITY-ST-ZIP Hopewell Junction N.Y. 12533
3. TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 1886 Route 52
34 CITY-ST-ZIP Hopewell Junction N.Y. 12533
4. TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS 1886 Route 52
44 CITY-ST-ZIP Hopewell Junction N.Y. 12533
5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6. TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Sanford Freedman Secy.

4/23/96 914-223-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)