

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J79654 (6)
1. Corporation Name
OLD TOWN INN, INC.

Principal Place of Business
1886 ROUTE 52
HOPWELL JUNCTION NY 12533
US

Mailing Address
1886 ROUTE 52
HOPWELL JUNCTION NY 12533
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1740162	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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	
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

Signature typed or printed name of registered agent and title of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DIRECTOR
NAME	TOLLMAN, STANLEY S.	1.2 NAME	TOLLMAN, BRETT G.
STREET ADDRESS	1886 ROUTE 52	1.3 STREET ADDRESS	1886 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	1.4 CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	DP	2.1 TITLE	DIRECTOR
NAME	HUNDLEY, MONTY D.	2.2 NAME	KENDRICK, CRAIG
STREET ADDRESS	1886 ROUTE 52	2.3 STREET ADDRESS	1886 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	2.4 CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	DV	3.1 TITLE	
NAME	FREEDMAN, SANFORD	3.2 NAME	
STREET ADDRESS	1886 ROUTE 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	CUTLER, JAMES A.	4.2 NAME	
STREET ADDRESS	1886 ROUTE 52	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

B. Mortham

BRETT G. TOLLMAN, 5/18/98 (910) 223-3603

CR2E034 (10/97)