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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

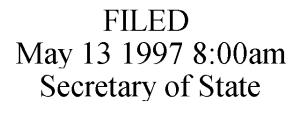
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J94132

(4)

OMI'S BAVARIAN INN, INC.

ON O DAYMINA ING.





Principal Place of Business ** BARBARA WARLICK 14701 GULF BLVD. MADEIRA BEACH FL 33708		Mailing Address	Mailing Address			T EMPHICO DISO (STILL OLDAL SINDE SINIO SINI DIRILI OSDE) ANDIX ALBII CIFIE DIRILI (ADI	
		% BARBARA WARLICK 14701 GULF BLVD. MADEIRA BEACH FL 3370					
					3. Date Incorporated or Qualified 09/24/1987	3a. Date of Last Report 04/09/1996	
⊢ ⊸ '	face of Business	2a. Mailing Address			4. FEI Number	Applied for	
21			26		59-2848594	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	<u>-</u> -		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	Ө	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z(p	Count	ıy	8. This corporation has liability for		
24	[25]	29	[30]			Yes No	
	9. Name and Address of Cu	irrent Registered Agent		1 Name	10. Name and Address of New Re	egistered Agent	
WARLICK, BARBARA				Name			
14701 GULF BLVD.			8	2 Street /	Address (P.O. Box Number is Not Acceptable)		
MAD	EIRA BEACH FL 33708		8	3			
ĺ				1			
			6	4 City		FL 85 Zip Code	
office or r	registered agent, or both, in the 5	State of Florida Such change was	authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	nurpose of changing its registered	
SIGNATURE	·	obligations of, Section 607.0505, F	'				
12.	Signature, typed or profind name of registers OF CLOCK DS	a agert and life of applicable (NO S AND DIRECTORS	** Registered A	gent signature	required when revotating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Т	ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	WARLICK, BARBARA		1.2 NAM				
STREET ADDRESS	6818 20TH ST. SOUTH			ET ADDRESS	•		
CITY-ST-ZIP	ST. PETERSBURG FL			· ST - ZIP			
TITLE		DELETE	211111			Change Addition	
NAME			2.2 NAM	ŧ !			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				r-S1-2IP			
TITLE		☐ DELETE	31101			Change Addition	
NAME			3.2 NAM	ŧ į			
STREET ADDRESS			3.3 STRF	F1 ADDRESS			
CITY-ST-ZIP			3.4 CHY	'- \$1 - ZIP			
TITLE		☐ DELETE	4.1 TITe I			Change Addition	
NAME			4 2 NAN	ır			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				- \$1 - 7lP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5 1 1013	ı		Change Addition	
NAME			5.2 NAM	ĺ			
STREET ADDRESS			53STRE	ET ADORESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	61 TO LE			Change Addition	
NAME			6.2 NAM	i			
STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP	<u> </u>		G 4 CITY	- ST- ZIP			

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 supplienced annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted 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.

NONE BANK

Burlowie & Sanday

4-27-97

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