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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 23 1996 8:00 am Secretary of State

DOCUMENT # 1. Corporation Name	K01821	(3
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ACCENT THAVEL ON THE TREASURE COAST, INC. Principal Place of Business Mailing Address 2446 SE FEDERAL HWY 2446 SE FEDERAL HWY STUART FL 34994 STUART FL 34994 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1987 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0014307 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COWAN, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 1931 SE ST. LUCIE BLVD. STUART FL 34996 83 84 Zip Code Pursuant to the provisions of Sections 607-6502 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 accept the obligations of Section 607,0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DECETE 1 1 I-ILE Criange Addition COWAN, DANIEL A. NAME 1.2 NAME 1931 SE ST. LUCIE BLVD. STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY - ST - ZIP 1.4 CrTY - \$1 - ZiP 31117 DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 SITY - ST - ZIF TITLE DELFTE 3 1 THEE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C(TY - ST - Z)F TITLE [] DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 C-TY - ST - ZiP TITLE DELETE 5 1 TITLE Change Add tron NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - S1 - 76 TITLE DELETE 6 1 TIFLE ☐ Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP

14. Ido 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 included 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 appears in Block 13 if graniged, or on an affacture with an address.

SIGNATURE: X

Anie

41-17-96 (40T) 286-2800)