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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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K41156 **DOCUMENT #**

Country

9. Name and Address of Current Registered Agent

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(6)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

CLIFF HOTELS, INC.

Mailing Address Principal Place of Business 2301 S ATLANTIC AVENUE 2301 S ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118

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8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

3. Date Incorporated or Qualified

59-2915979

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

10/26/1988

4. FEI Number

3a. Date of Last Report

04/10/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

9. Name and Address of Conton Together			81	Name		
DODD, II, CLIFFORD MONROE 2301 SO ATLANTIC AVE			82	2 Street Address (P.O. Box Number is Not Acceptable)		
			63	ļ		
DAYTON	A BEACH SHORES FL 32118				85 Zip Code	
			84	1 1	FL V	
11. Pursuant to to or registered	the provisions of Sections 607.0502 and 607.15 agent, or both, in the State of Florida. Such ch and accept the obligations of, Section 607.050	508, Florida Statutes, the ange was authorized by 15 Florida Statutes.	above- the corp	named co coration's	poration submits this statement for the purpose of changing its registered office poard of directors. I hereby accept the appointment as registered agent. I am	
familiar with,	and accept the obligations of, Section 657,555	.,				
SIGNATURE	gnature, typed or printed name of registered agent and title if applic			ent signature re	outred when renetating! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND DIRECTO	RS	13.		Change Addition	
TITLE	D	DELETE !	1. 1 TITLE			
NAME	DODD, C. M.		1.2 NAME			
STREET ADDRESS	2301 SO ATLANTIC AVE			T ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. SHS FL		1.4 CITY -		☐ Change ☐ Addition	
TITLE	D	☐ DELETE	2 1 TITLE		_	
NAME	DODD, CIFFORD MONROE, II		2.2 NAME			
STREET ADDRESS	2301 SO ATLANTIC AVE		23 STRE	et address		
CITY-ST-ZIP	DAYTONA BCH. SHS FL		24 CITY		Change Addition	
11TLE		DELETE	3. 1 THTL	E		
NAME			32 NAM			
STHEET ADDRESS			3.3 STR	EET ADDRESS		
CITY - ST - ZIP				-S1-ZIP	Crange Addition	
TITLE		DELETE	4. 1 TITL			
NAME			4.2 NAV			
STREET ADDRESS			43 STRI	eet address		
CITY-ST-ZIP				(-ST-ZIP	Change Addition	
TITLE		DELETE	5. 1 111			
NAME			5.2 NAM			
STREET ADDRESS			53STA	eet address		
			54 CIT	Y - ST - ZIP	Cnange Addition	
CITY-ST-ZIP TITLE		DELETE	6. 1 1(1	LE		
NAME			6 2 NA			
STREET ADDRESS			6.3 STF	REET ADDRES	5	
• · · · · ·			6.4 CIT	Y-ST-ZIP	14 de the exemption stateri in Section 119.07(3)(k), Florida Statutes, I further	
certify that	by certify that the information supplied with this to the information indicated on this annual report I am an officer or director of the corporation or n Block 12 or Block 13 if changes, or on an att	the receiver or trustee €	mpower	does not one of the strue and red to exec	ualify for the exemption stated in Section 119.07(3)(k). Floride Statutes, I further accurate and that my signature shall have the same legal effect as if made under accurate and that my signature of the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name	

Country

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SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 C.M.DODD, V.P.

904/255-5411