

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K98605

(4)

1. Corporation Name

STANNARD REGENCY, INC.

Principal Place of Business

Mailing Address

27 CENTER LANE
KEY LARGO FL 33037

27 CENTER LANE
KEY LARGO FL 33037

REIN STATEMENT
FILED

96 NOV -4 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2. Principal Place of Business		2a. Mailing Address	
21 AIRPORT REGENCY HOTEL		28 AIRPORT REGENCY HOTEL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 1000 N.W. 42ND AVE		27 1000 N.W. 42ND AVE	
City & State		City & State	
23 MIAMI FLORIDA		28 MIAMI FLORIDA	
Zip		Zip	
24 33126		29 33126	
Country		Country	
25 USA		30 USA	

9. Name and Address of Current Registered Agent

STANNARD, DAVID
27 CENTER LANE
KEY LARGO FL 33037

3. Date Incorporated or Qualified	3a. Date of Last Report
06/26/1989	05/23/1995
4. FEI Number	Applied For
65-0130026	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fee
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
SAME	33126
82 Street Address (P.O. Box Number is Not Acceptable)	
1000 N.W. 42ND AVE	
83	
84 City	85 FL
MIAMI	

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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John DAVID STANNARD, Pres. John David Stannard 10/24/96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SAME
NAME	STANNARD, JOHN DAVID	1.2 NAME	SAME
STREET ADDRESS	27 CENTER LANE	1.3 STREET ADDRESS	1000 N.W. 42ND AVE
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE	D	2.1 TITLE	SAME
NAME	STANNARD, CYNTHIA ANN	2.2 NAME	SAME
STREET ADDRESS	27 CENTER LANE	2.3 STREET ADDRESS	1000 N.W. 42ND AVE
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: John David Stannard 10/22/96 (305) 441-1820

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (3/86)