
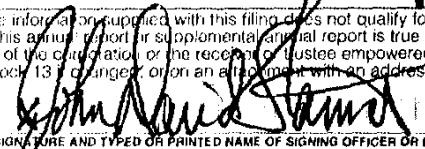


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 AIRPORT REGENCY HOTEL 1000 N.W. 42ND AVE. MIAMI FL 33126			Mailing Address AIRPORT REGENCY HOTEL 1000 N.W. 42ND AVE. MIAMI FL 33126-3645		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1989	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		3a. Date of Last Report 11/04/1996	
22 City & State		27 City & State		4. FEI Number 65-0130026	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STANNARD, DAVID 1000 N.W. 42ND AVE. MIAMI FL 33126				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 FL	
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 _____ DATE _____ <small>Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE D/P			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME STANNARD, JOHN DAVID			1.2 NAME		
3. STREET ADDRESS 1000 N.W. 42ND AVE.			1.3 STREET ADDRESS		
4. CITY-ST-ZIP MIAMI FL 33126			1.4 CITY-ST-ZIP		
5. TITLE D			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6. NAME STANNARD, CYNTHIA ANN			2.2 NAME		
7. STREET ADDRESS 1000 N.W. 42ND AVE.			2.3 STREET ADDRESS		
8. CITY-ST-ZIP MIAMI FL 33126			2.4 CITY-ST-ZIP		
9. TITLE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY-ST-ZIP			3.4 CITY-ST-ZIP		
13. TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY-ST-ZIP			4.4 CITY-ST-ZIP		
17. TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY-ST-ZIP			5.4 CITY-ST-ZIP		
21. TITLE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY-ST-ZIP			6.4 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 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 recipient of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an amendment with an address.					
SIGNATURE:  DAVID STANNARD D/P 4/16/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)