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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

L32277

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	Name Y INN, INC.						
Principal Place of Business C/O EILEEN M. WHITE		Mailing Address	Mailing Address C/O EILEEN M. WHITE		(100//dip	ann indi didii dibii bil	in Artin Arâri Bidir iâfii
5800 NORTH	I U.\$. 1	5800 NORTH U.S. 1	.,_				
COCOA FL 3	32927	COCOA FL 32927			3. Date Incorporated or Qualified	3a. Date of La	ast Report
					11/21/1989	04/14	4/1995
ı '	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #		Suite, Apt. #, etc.			59-2982842		Not Applicable
Suite, 747. #	, 610.	27			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$	5.00 May Be
		28			Trust Fund Contribution		Added to Fees
Zφ	Country 25	Zip 29]	Coun 30	itry	8. This corporation has liability for Florida Statutes	or intangible tax und es □No	ders 199.032,
	9. Name and Address of Curre		1301	- 	10. Name and Address of New		
				81 Name			<u>-</u>
WHITE, EILEEN M.			82 Street Add		dress (P.O. Box Number is Not Accept	able)	
5800 NORTH U.S. 1			62 Street F				
COCOA	FL 32927		[1	83			
			<u> </u>	84 City	· · · · · · · · · · · · · · · · · · ·	- 85	Zip Code
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				kgent signature requ	ined when reinstating) ADDITIONS/CHANGES TO O	DATE FEICERS AND DIRE	CTORS IN 12
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certify that the information inlocated on this arrival report or suppremental 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 fustee 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.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leb 6 96 407 636.4005