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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation                                    | · · · · · · · · · · · · · · · ·  | (1)  |  |   |  |
|---|--|--|--|---|--|
| COUNT   | ry squire inn, inc.  |  |  | 1 12 6 11 6 11 6 11 6 11 6 11 6 11 6 11   |  |
| Principal Place                                   | e of Business  | Mailing Address  |  |   |  |
| 7859 LAKE WORTH ROAD                              |  | 7859 LAKE WORTH ROAD   |  |   |  |
| LAKE WORTH FL 33467                               |  | LAKE WORTH FL 33467-3225   |  |   |  |
|   |  |  |  | 3. Date incorporated or Qualified   | 3a. Date of Last Report  |
|   |  |  |  | 03/02/1990  | 03/12/1996   |
| 2. Principal P                                    | lace of Business   | 2a. Mailing Address  |  | 4. FEI Number<br>65-0177154   | Applied For  |
| 21  |  | 26   |  |   | Not Applicable   |
| Suite, Apt. #, etc                                |  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  | See Required   |
| City & State                                      |  | City & State   |  | 6. Election Campaign Financing  | \$5.00 May Be  |
| 23  |  | 28   |  | Trust Fund Contribution   | Added to Fees  |
| Ζφ  | Country  | Zip  | Country  | 8. This corporation has liability for   | r intangible tax under s. 199.032,                                       |
| 24  | 25   | 29   | 30   |   | Yes No   |
|   | 9. Name and Address of Curre   | nt Registered Agent  | 81 Name  | 10. Name and Address of New R   | egistered Agent  |
| BEACHLER, G J<br>4 OHIO ROAD                      |  |  |  |   |  |
|   | E WORTH FL 33467   |  | 82 Street Add  | ress (P.O. Box Number is Not Accepta  | ible)  |
| W W V   | 2  |  | 83   |   |  |
|   |  |  | 84 City  |   | 85 Zip Code  |
|   |  |  |  |   | FL   |
| office or r                                       | registered arrent, or both, in the State   | e of Florida. Such change was  | authorized by the corporat                                 | poration submits this statement for the tion's board of directors. I hereby acceptable  | purpose of changing its registered appointment as registered             |
| agent. La   | m familiar with, and accept the oblig  | gations of, Section 607.0505, F  | lorida Statutes.   |   |  |
| SIGNATURE   | Signature, typed or printed name of registered ag                                | gent and little if applicable (NO  | TE: Registered Agent algnature regul                       | red when reinstating)   | DATE   |
| 12.   | OFFICERS AN  | ND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFI   |  |
| TITLE   | DP .   | DELETE   | 1.1 TITLE  |   | Change Addition  |
| NAME  | BEACHLER, G. J.  |  | 1.2 NAME   |   |  |
| STREET ADDRESS                                    | 3742 VALLEY PARK WAY LAKE WORTH FL   |  | 1.3 STREET ADDRESS   |   |  |
| CHTY-ST-ZIP<br>TITLE                              | DVST   | DELETE   | 1.4 CITY - ST - ZIP<br>2.1 TITLE                           |   | Change Addition  |
| NAME  | FARNBAUCH, W. J.   | <del></del> -  | 2.2 NAME   |   | •  |
| STREET ADDRESS                                    | 3703 VALLEY PARK WAY   | •  | 2.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP                                       | LAKE WORTH FL  |  | 2. 4 CITY-ST-ZIP   |   |  |
| TITLE   | DV   | ☐ DELETE   | 3.1 TITLE  |   | Change Addition  |
| NAME  | BEACHLER, MARK   |  | 3.2 NAME   |   |  |
| STREET ADDRESS CITY-S1-ZIP                        | 3733 VALLEY PARK WAY LAKE WORTH FL   |  | 3.3 STREET ADDRESS<br>3.4. CHTY-ST-ZIP                     |   |  |
| TITLE   | DV   | DELETE   | 4 1 TITLE  |   | Change Addition  |
| NAME  | FARNBAUCH, MAX   |  | 4. 2 NAME  |   |  |
| STREET ADDRESS                                    | 4 OHIO ROAD  |  | 4.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP                                       | LAKE WORTH FL  |  | 4.4 CITY - ST - ZIP  |   |  |
| TITLE   |  | ☐ DELETE   | 5.1 TITLE  |   | Change Addition  |
| NAME<br>CAREET ADDOLOG                            |  |  | 5.2 NAME   |   |  |
| STREET ADDRESS  <br>CITY-ST-ZIP                   |  |  | 5.3 STREET ADDRESS<br>5.4 CATY-ST-ZIP                      |   |  |
| TITLE   |  | DELETE   | 6.1 TITLE  |   | Change Addition  |
| NAM:  |  |  | 6.2 NAME   |   | ,  |
| STREET ADDRESS                                    |  |  | 6.3 STREET ADDRESS   |   |  |
| CITY - ST - ZIP                                   |  |  | 6.4 CITY-ST-ZIP  |   |  |
| <ol> <li>14. † do heret<br/>informatio</li> </ol> | by certify that the information supplie<br>in indicated on this annual report or | ed with this filling does not qual supplement Lannual report is  | lity for the exemption state:<br>true and accurate and tha | d in Section 119.07(3)(i), Florida Statul<br>t my signature shall have the <b>sa</b> me leg                                   | es. I further certify that the<br>jal effect as if made under oath, that |
| t am an o<br>appears i                            | ifficer or director of the corporation of<br>in Block 12 or Block 13 if changed, | or the recommend trustee emporer on all recommends with an accommend with an accommend with an accommend to the commend of the | wered to execute this repo<br>idress.                      | d in Section 119.07(3)(i), Florida Statut<br>t my signature shall have the same leg<br>rt as required by Chapter 607, Florida | Statutes; and that my name   |

SIGNATURE:

F SIGNING OFFICER OF DIRECTOR SIGNATURE AND TYPED OR PRINTED AND O

**FILED** 

Feb 04 1997 8:00am

Secretary of State