FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90028 002 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	L5	52	49
DOCOMENT			ےب	7

Corporation Name

Principal Place of Business

COUNTRY SQUIRE INN, INC.

7859 LAKE WORTH ROAD LAKE WORTH FL 33467 7859 LAKE WORTH FL 33467 LAKE WORTH FL 33		7859 LAKE WORTH ROAD		A THE STATE OF THE				
		EARL HOMM TE SONS			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/02/1990			
	<u> </u>	n- Mailing Address			4. FEI Number	Ap	plied For	
2. Principal Pla	ce of Business	2a. Mailing Address			65-0177154	No	t Applicable	
21		26			 	\$8.75		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	☐ Fee Re	equired	
22		27			6. Election Campaign Financing	\$5.00	May Be	
City & State		City & State			Trust Fund Contribution	Added 1		
23		28	O 4 m e		8. This corporation owes the current	vear Intangible		
Zip	Country		1 a la Tay			Yes □No]		
24	25	29 30		10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent	81	Name	10. Hamb and states			
	Lake the tribe		(81)			_		
BEAC	CHLER, G.J.		82	Street Addre	ess (P.O. Box Number is Not Acceptable	B) -##> <u>-</u> **********************************		
IAKE	WORTH FL 33467		83			限別的結構		
	1101111112 3010.	•			1,216-6-72-1144-12-114-34-3	85 Zip	Code Code	
,			84	1	•	FL I		
	1074.5 %				oration submits this statement for the pu	urpose of changing its	registered	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, ii of Florida, Such change was autho	rized by	the corporation	oration submits this statement for the pun's board of directors. I hereby accept to	the appointment as re	egistered	
office of the	egistered agent, or both, in the State of familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes	i.	•			
l						DATE		
SIGNATURE	Signature, typed or printed name of registered ager			nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONO OF ALL	☐ Change	☐ Addition	
TITLE	DP	☐ DELETE	1.1 TITLE	Ì			İ	
NAME	BEACHLER, G. J.		1.2 NAME	ļ				
STREET ADDRESS	3742 VALLEY PARK WAY		1.3 STREE	TADDRESS	•			
CITY+ST-ZIP	LAKE WORTH FL		1.4 CITY-5	ST- ZIP		☐ Change	Addition	
TITLE	DVST	☐ DELETE	2.1 TITLE				_	
NAME	FARNBAUCH, W. J.	•	2.2 NAME	ì			•	
	3703 VALLEY PARK WAY		2.3 STREE	ET ADDRESS			1	
STREET ADDRESS	LAKE WORTH FL		2. 4 CITY-	ST-ZIP			e Addition	
CITY-ST-ZIP	DV 75 77 7	☐ DELETE	3.1 TITLE	-		☐ Change	, C Addition	
TITLE SEA			3.2 NAME	:				
NAME	BEACHLER, MARK	_	3.3 STREE	ET ADDRESS	State of the state	1. 18.15.19.18.18.18.18.18.18.18.18.18.18.18.18.18.	100.340.24	
STREET ADDRESS	3733 VALLEY PARK WAY	•	3.4. CITY-		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	主義情報自由動學	135 35137	
CITY-ST-ZIP	LAKE WORTH FL	☐ DELETE	4.1 TITLE		4, 1, 3, 1 Car 2	うだ。 きい Change	a Det State Addition	
TITLE	DV	C perce -	4. 2 NAM	l	•	and the second second		
NAME	FARNBAUCH, MAX					÷		
STREET ADDRESS	4 OHIO RUAU			ET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-			☐ Chang	e	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ì			.]	
NAME		:	1				l	
STREET ADDRESS	s	:		ET ADDRESS	1. 1 to 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
CITY-ST-ZIP			5.4 CiTY-			Chang	e	
TITLE TO	ENDER WELL C.	☐ DELETE	6.1 TITLE			_ Ontaing		
	TOTAL SOLEN THE MICH.	•	6.2 NAMI	E		-		
NAME	LANGERS FOR STATE	,	6.3 STRE	EET ADDRESS				

14. I 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 14. I 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 14. I 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 14. I 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 14. I 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 14. I 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 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 indicated on this annual report or supplemental annual report or supplemental 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 indicated on this annual report or supplemental annual report or supplem

SIGNATURE

SIGN///WRE REQUIRE

1/11/99 561-968-5000 Daytime Phone # CR2E034 (11/98