

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen M. Walker
Secretary of State
1900 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 3:00

DOCUMENT # **M65673** (9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
INN RESORTS, INC.

2. Principal Office Address

1900 SW 126 AVE
MIRAMAR FL 33027
US

3. Mailing Address

PO BOX 426
GLENVILLE NC 28736
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation 01/25/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0049130	Applied Fee Total Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Least Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has failed to comply with section 220.01(1), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21	26: P.O. Box 426
22	27: C/O JAMES BRUCE
23	28: GLENVILLE, NC
24	29: 28736
25	30: USA

9. Name and Address of Current Registered Agent

REESE II, SEBERT E
1900 SW 126 AVE
SUITE 508
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

B1 Name	B5 State
B2 Street Address (P.O. Box Number is not acceptable)	B6 Zip Code
B3	
B4 City	FL

11. If you are changing agents, the new agent must file a separate statement for the purpose of designating the new registered agent for the corporation. This was completed for the corporation on the date of this filing, and the appointment of registered agent is hereby affirmed and accepted by the corporation on the date of this filing.

12. If the corporation is a corporation, the name of the corporation shall be printed in the space provided below. If the corporation is a partnership, the name of the partnership shall be printed in the space provided below. If the corporation is a limited liability company, the name of the company shall be printed in the space provided below.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL NAME CHANGES OR AMENDMENTS														
<table border="1"> <tr> <td>NAME</td> <td>D</td> </tr> <tr> <td>ADDRESS</td> <td>BRUCE, JAMES S.</td> </tr> <tr> <td></td> <td>P.O. BOX 426 N/A</td> </tr> <tr> <td></td> <td>GLENVILLE NC</td> </tr> </table>	NAME	D	ADDRESS	BRUCE, JAMES S.		P.O. BOX 426 N/A		GLENVILLE NC	<table border="1"> <tr> <td>NAME</td> <td>NA</td> </tr> <tr> <td>ADDRESS</td> <td>P.O. Box 426</td> </tr> <tr> <td></td> <td>FL</td> </tr> </table>	NAME	NA	ADDRESS	P.O. Box 426		FL
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14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and true, and qualify for that exemption established by section 220.01(1), Florida Statutes. I affirm and certify that the information submitted in this annual report or appointment change report is true and accurate and that my signature shall have the same effect as if made under oath. That I am a resident or an officer of the corporation or the reason for my signature is to certify the report as required by Chapter 220, Florida Statutes, and that my name appears on the filing of this report as required by section 220.01(1), Florida Statutes.

SIGNATURE: *JAMES S. BRUCE*
 JAMES S. BRUCE
 SIGNATURE AND TYPE IN PRINT (NAME OF SIGNING OFFICER OR DIRECTOR)

4-25-95 704/743-9256