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FILED
Jun 09 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N-96-000000327
1. Corporation Name
BEACHES HOSPITALITY NETWORK, INC.

Principal Place of Business: 314 N. FIRST ST JACKSONVILLE BCH, FL 32250
Mailing Address: SAME

2. Principal Place of Business: 2100 DODDIE JONES - DAYS INN Oceanfront 6, Suite, Apt. #, etc. 1031 South First Street, Jacksonville Bch, Florida, Zip 32250, Country USA

2a. Mailing Address: Same as 2.

3. Date Incorporated or Qualified: []
3a. Date of Last Report: []
4. FEI Number: 59-3358152
Applied For: []
Not Applicable: []
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent: Carolyn Newman, Esq., 1831 N. Third St, Jacksonville Beach, FL 32250

10. Name and Address of New Registered Agent: []
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] FL 85 Zip Code: []

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS

TITLE	D	PRESIDENT	<input type="checkbox"/> DELETE
NAME		MELISSA GILBERT	
STREET ADDRESS		COMFORT INN OCEANFRONT	
CITY-ST-ZIP		1515 N. FIRST ST JACKSONVILLE BEACH, FL 32250	
TITLE	D	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME		Lee Hous	
STREET ADDRESS		900 Adventure Landing	
CITY-ST-ZIP		1944 Beach Blvd Jacksonville Beach, FL 32250	
TITLE	D	SECRETARY	<input type="checkbox"/> DELETE
NAME		DUXIE JONES	
STREET ADDRESS		610 DAYS INN OCEANFRONT	
CITY-ST-ZIP		1031 S. FIRST STREET JACKSONVILLE BEACH, FL 32250	
TITLE	D	Malcolm Marvyn	<input type="checkbox"/> DELETE
NAME		916 First Street Suite	
STREET ADDRESS		807 N. First St	
CITY-ST-ZIP		Jacksonville Beach, FL 32250	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M.F. MARVIN OF TRES 3/22/97 904-246-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)