## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600000327 (4)

BEACHES HOSPITALITY NETWORK, INC.

FILED								
Mar	12	1998	8:00am					
Se	cret	tary of	f State					

Salesta Heat Hallian Man						
Principal Plac	e of Business	Mailing Address				
1031 SOUTH F	NES-DAYS INN OCEANFRONT IRST STREET BEACH FL 32250	C/O DODIE JONES 1031 SOUTH FIRST JACKSONVILLE BE	STREET	ANFR	ONT	3. Date incorporated or Qualified 01/19/1996
US		US				4. FEI Number Applied For S9-3358152 Not Applied be
2. Principal P	lace of Business	26. Mailing Addre	88			5. Certificate of Status Desired S8.75 Additional Fee Required
I Suite Ant	#, etc.	Suite, Apt. #, e	itc.			6. Election Campaign Financing \$5.00 May Be
22		City & State		<u> </u>		Trust Fund Contribution Added to Fees
City & Stat	<del>U</del>	28 City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	<del> </del>	untry		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curr	29 Agent	30	Τ		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
				81	Name	
	I, CAROLYN			82	Street A	Address (P.O. Box Number is Not Acceptable)
	Third Street Inville Beach FL 32250			83		
				84	City	<b> 85</b> Zip Code
11 Purpupat	to the provisions of Sections 617.0	602 and 617 1609 Florida	Statutos the a		- Borned o	exposation subsite this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such changing ations of, Section 617.0	e was authorize 503, Florida Sta	d by tutes	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	<del></del>				<del></del>	
12.	Signature, typed or printed name of registered of OFFICERS A	ND DIRECTORS	(NOTE: Registers	d Ager	nt signature re	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	<b>₩</b> DEL		ITLE		DP Change Addition
NAME	GILREATH, MELISSA	•	1.2 N	AME		JONES, DODIE
STREET ADDRESS	1515 N. FIRST ST.		1.3 \$	TREET /	ADDRESS	JACKSONNUE BEACH IFL 32250
CITY-ST-ZIP	JACKSONVILLE BEACH FL			IY-SI		
TITLE	VPD	<b>D</b> ≱ DEL				VPD □ Change □ Addition
NAME	HOVIS, LEE		2.2 N			DIANZ HOWAYD
STREET ADDRESS	1944 BEACH BLVD				address	one Ocean Blud.
CITY-ST-ZIP	JACKSONVILLE FL 32250	M OF		CITY-S	T-ZIP	A+lantic Beach (FL 32233
TITLE	JONES, DODIE	₩ DEF				7
NAME			3.2 N			MANNE HAVE MAYDOCK
STREET ADDRESS	1031 S. FIRST STREET JACKSONVILLE FL 32250				NDDIICSS	Code NY DUY
CITY-ST-ZIP TITLE	D DACKSONVILLE FL 32230	DEL		HY-S	I-ZIP	TD KI Change Addition
NAME	MARVIN, MALCOLM	7 000	4.2 M			I AA LIA A'Q
	807 N. FIRST ST				ADDDDCCC	
STREET ADDRESS	JACKSONVILLE BEACH FL	32250		ITY-ST	ADDRESS	JakBch, FL 32250
CITY-ST-ZIP TITLE	THORITOTITIES DENOTITE	DEL			-ZIF ]	☐ Change ☐ Addition
NAME		<u></u>	5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-ST		
TITLE		DEL				Change Addition
NAME		0_0.	6.2 N		- 1	
STREET ADDRESS					ADDRESS	
TITLE ADDITION			0.00	· · · · · · · · · · · · · · · · · · ·		

6.4 CITY-ST-ZIP

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 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 a attachment with an address.

SIGNATURE

J. Bishopeo Fall

3-5-98

904-249-7231