

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 025 ****61.25

0006711

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000000327

1. Corporation Name

BEACHES HOSPITALITY NETWORK, INC.

Principal Place of Business

C/O DODIE JONES-DAYS INN OCEANFRONT
 1031 SOUTH FIRST STREET
 JACKSONVILLE BEACH FL 32250
 US

Mailing Address

C/O DODIE JONES-DAYS INN OCEANFRONT
 1031 SOUTH FIRST STREET
 JACKSONVILLE BEACH FL 32250
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

59-3358152

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HERMAN, CAROLYN
 1831 N. THIRD STREET
 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	DP	1.1 TITLE	DP
NAME	JONES, DODIE	1.2 NAME	BALDWIN, ARLENE
STREET ADDRESS	1031 S. FIRST STREET	1.3 STREET ADDRESS	1 Ocean Blvd
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY-ST-ZIP	Atlantic Bch, FL 32233
TITLE	VPD	2.1 TITLE	VPD
NAME	HOWARD, DIANE	2.2 NAME	MARC Dunham
STREET ADDRESS	ONE OCEAN BLVD	2.3 STREET ADDRESS	14125 Beach Blvd
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP	Jacksonville, FL 32250
TITLE	SD	3.1 TITLE	SD
NAME	HAUFF, DOTTIE	3.2 NAME	Carolyn Dippe
STREET ADDRESS	NAVAL STATION MAYPORT CODE NP BLDG 414	3.3 STREET ADDRESS	180 Cumberland PCD, Ste 1
CITY-ST-ZIP	MAYPORT FL 32228	3.4 CITY-ST-ZIP	St Augustine, FL 32095
TITLE	TD	4.1 TITLE	TD
NAME	HORIS, LEE	4.2 NAME	CAROLYN HERMAN
STREET ADDRESS	1944 BEACH BLVD	4.3 STREET ADDRESS	1831 N. Third Street
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	4.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Herman CAROLYN HERMAN

2/10/99

217-9420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

CR2E037 (11/98)