

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000003201 (0)**

1. Corporation Name

EXCLUSIVE INN, INC.



Principal Place of Business

Mailing Address

**P.O. DRAWER 490
OCOE FL 34761**

**P.O. DRAWER 490
OCOE FL 34761**

3. Date Incorporated or Qualified

11/03/1992

3a. Date of Last Report

06/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **1150 E PLANT STREET**

26 **1150 E PLANT STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **WIN-**

27

City & State

City & State

23 **WINTER GARDEN FL**

28 **WINTER GARDEN FL**

Zip

Country

Zip

Country

24 **34761-0490** 25 **USA**

29 **34761-0490** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMAN, GEORGE I
1150 EAST PLANT STREET
WINTER GARDEN FL 34787**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMAM, GEORGE I
5686 TRIMBLE PARK ROAD
MT DORA FL 32757**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMAM, G. DOUGLAS
8052 OAK PARK ROAD
ORLANDO FL 32819**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STARCHER, RICHARD L
1040 WEST AMELIA ST
ORLANDO FL 32805**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLEMING, ANDREW J
1040 WEST AMELIA ST
ORLANDO FL 32805**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 **407-654-1188**
Date City/State Phone #

CR2E034 (12/95)