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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P9200003201 (0)
1. Corporation Name

EXCLUSIVE INN, INC.



Principal Place of Business		Mailing Address			
P.O. DRAWER 490 OCOEE FL 34761		P.O. DRAWER 490 OCOEE FL 34761			
				3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 06/07/1995
2. Principal Plac	ce of Business	2a, Mailing Address		4. FEI Number	Applied For
1150 1	E PHANT STREET	26 1150 EPLAN	I STREET	59-3149059	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	ER GARDEN FL	28 WINTER GY	ARDEN FL	Trust Fund Contribution	Added to Fees
Zip	Country 1 049 0 25 USA	29 34761-0490	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
·	9. Name and Address of Currer		15-1	10. Name and Address of New F	Registered Agent
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			81 Name		
Laman, george i 1150 East Plant Street			82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
WINTER	GARDEN FL 34787		83		
			84 City		F1 85 Zip Code
				pration submits this statement for the pu	· , ,
5	Signature, typed or printed hame of registered agent	Land Latter it agree on white the MCA			
12				ied when reinbang) ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
		ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	OFFICERS AN	D DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE NAME	OFFICERS AN D LAMAN, GEORGE I 5686 TRIMBLE PARK ROAD	D DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADORESS	OFFICERS AN D LAMAN, GEORGE 1	ID DIRECTORS	13. 1 + TIFLE 1 2 NAME		FICERS AND DIRECTORS IN 12 Change Addition
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4. I do hereby certify that the information supplied with this filing is voluntarily furtified and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. Further certify that the information indicated on this agriculture of the proof or supplier installation 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 this proposition or the receiver or director of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attaching until this individues.

SIGNATURE:

ATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 407-654-1188

3R2E034 (12/95)