## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



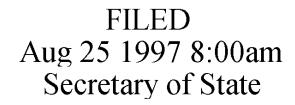
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200003201 (0)

EXCLUSIVE INN, INC.



Principal Place of Business Mailing Address 1150 E PLANT STREET 1150 E. PLANT STREET					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report			
WINTER GARDEN FL 34761-0490 US		WINTER GARDEN F 34761-0490						
		US						
					11/03/1992	04/22/		ebou
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	VAICE		polied For
21		26			59-3149059		<del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<del> </del>	Additional	
22		27		5. Certificate of Status Desired		Fee Re		
City & State		City & State		6. Election Campaign Financing		\$5.00		
23		28			Trust Fund Contribution		Added 1	
Zip	Country Z <sub>I</sub> p		Cour	ntry	8. This corporation owes or has			angible   No
24	9. Name and Address of Curren	29 29 Agent	30	<del></del>	Personal Property Tax due Ju  10. Name and Address of New			7 140
LAMA	AN, GEORGE I			81 Namo				
	EAST PLANT STREET		-					
WINTER GARDEN FL 34787				82 Street Add	ress (P.O. Box Number is Not Accep	table)		ŀ
•			1	83				
			-	04 07				0. 40
				84 City		FL I	35 Zip (	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was a	authorized	by the corpora	poration submits this statement for th tion's board of directors. I hereby ac	e purpose of choose the purpose of choose of the appoint	anging it tment as	s registered registered
SIGNATURE		,,						ĺ
	Signature, typed or printed name of registered age		E Registered	Agent signature requi		DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF			
TITLE	D LAMAN OFODOR I	☐ DELETE	2.1 107			L.	Change	Addition
NAME	LAMAN, GEORGE I 5686 TRIMBLE PARK ROAD		1.2 NAME					İ
STREET ADDRESS	MT DORA FL 32757		1	REET ADDRESS				[
CITY-ST-ZIP	D DONA PL 32/0/	DELETE	_	Y-ST-ZIP			Change	Addition
TITLE	STARCHER, RICHARD L		2.1 111			L-	Cusulac	L3 Addition
NAME	1040 WEST AMELIA ST		2.2 NAI	, i				
STREET ADDRESS	ORLANDO FL 32805			REET ADDRESS				}
CITY-ST-ZIP TITLE	D.	DELETE	2. 4 LT	IY-ST-ZIP LE			Change	Addition
NAME	FLEMING, ANDREW J		3.2 NA			L		
STREET ADDRESS	1040 WEST AMELIA ST		1	REET ADDRESS				}
CITY-ST-ZIP	ORLANDO FL 32805			Y-ST-ZIP				
TITLE		DELETE	4.1 TIT				Change	Addition
NAME			4. 2 NA			_	-	
STREET ADDRESS				REET ADDRESS				}
CITY-ST-ZIP			•	Y-ST-ZiP				
TITLE		☐ DELETÉ	5.1 T(T				Change	Addition
NAME			5.2 NAI	ME (				į
STREET ADORESS			5.3 STF	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	.E		L.	Change	Addition
NAME			6.2 NA	ME				ļ
STREET ADDRESS	of <b>G</b>		6.3 \$16	reet address				
CITY-ST-ZIP	187		6.4 CIT	Y-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not equality/or 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 according 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 trusted 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, or on an attach no control of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name