

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000003201 (0)

1. Corporation Name
EXCLUSIVE INN, INC.

Principal Place of Business
1450 E PLANT STREET
WINTER GARDEN FL 34761-0490
US

Mailing Address
1450 E. PLANT STREET
WINTER GARDEN F 34761-0490
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13603 West Colonial Dr. 13603 West Colonial Dr. Suite, Apt. #, etc.		2a. Mailing Address 27 13603 West Colonial Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/03/1992	
22 City & State 23 Winter Garden, FL Zip 24 34787		25 Country 26 USA		4. FEI Number 59-3149059 Applied For <input checked="" type="checkbox"/> Not Applicable	
27 City & State 28 Winter Garden, FL Zip 29 34787		30 Country 31 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32 City & State 33 Winter Garden, FL Zip 34 34787		35 Country 36 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
37 City & State 38 Winter Garden, FL Zip 39 34787		40 Country 41 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAMAN, GEORGE I
1450 EAST PLANT STREET
WINTER GARDEN FL 34761

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 13603 West Colonial Drive
84 City
85 Winter Garden FL
86 Zip Code
87 34787

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 reinstating)

DATE

1-16-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAN, GEORGE I	1.2 NAME	
STREET ADDRESS	5686 TRIMBLE PARK ROAD	1.3 STREET ADDRESS	PO BOX 735
CITY-ST-ZIP	MT DORA FL 32757	1.4 CITY-ST-ZIP	TANGERINE, FL 32777
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARCHER, RICHARD L	2.2 NAME	
STREET ADDRESS	1040 WEST AMELIA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, ANDREW J	3.2 NAME	
STREET ADDRESS	1040 WEST AMELIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/98

CR2E034 (10/97)