

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000003201**

1. Corporation Name  
**EXCLUSIVE INN, INC.**

Principal Place of Business  
**13603 W COLONIAL  
WINTER GARDEN FL 34787  
US**

Mailing Address  
**13603 W COLONIAL DR  
WINTER GARADEN FL 34787  
US**

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90001 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1992**

4. FEI Number

**59-3149059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 **1130 E. Plant St.**

Suite, Apt. #, etc.

27 Suite H.

City & State

28 Winter Garden, Fl.

Zip

29 34787

Country

30 Orange

9. Name and Address of Current Registered Agent

**LAMAN, GEORGE I  
13603 W COLONIAL DRIVE  
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1130 E. Plant St. Ste. H.**

83

84 City

**Winter Garden,**

**FL**

85 Zip Code

**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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **LAMAN, GEORGE I**  
STREET ADDRESS **P O BOX 735**  
CITY-ST-ZIP **TANGERINE FL 32777**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 19.07(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

Date

Daytime Phone #

CR2E034 (5/99)

606227-90001-10  
P92000003201

August 6, 1999

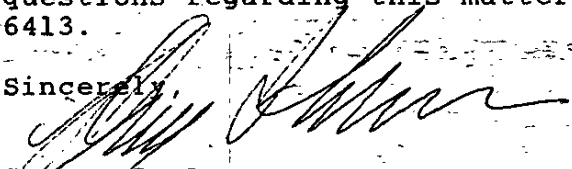
Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Dear Ms. Harris:

We have just received the Profit Corporation Annual Report Packet and it states it is the 2nd notice. We sold the Best Western Hotel DBA Exclusive Inn, Inc. at 13603 W. Colonial Drive in Winter Garden, Fl. 34787-3917 last February and we have never received a first notice. The new owners have an existing corporation and probably threw the first Corporation Annual Report Packet away instead of forwarding it to our company.

We have called the office of the Sec. of State and explained the situation and were told to send the original amount for \$150.00 and to explain the problem and request to have the penalty/late fee removed. We are enclosing the check for \$150.00 and would appreciate you waiving the penalty/late fee. If you have any questions regarding this matter, you may contact me at (407) 877-6413.

Sincerely,



George I. Laman,  
President  
Exclusive Inn, Inc.  
1130 E. Plant St. Ste. H.  
Winter Garden, Fl. 34787