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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

P92000011485 (9)

Mailing Address

17761 SAN CARLOS BLVD.

Principal Place of Business

17761 SAN CARLOS BLVD.

FLORIDIAN INN, INC.

FORT MYERS BEACH FL 33931	FORT MYERS BEACH F	L 33931			
				3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 01/18/1995
Principal Place of Business  21	2a. Mailing Address			4. FEI Number 65-0392349	Applied For
Suite. Apt. #, etc	26 Suite, Apt. #, etc.				Not Applicable
22	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country <b>25</b>	Ζφ <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes Yes	
9. Name and Address of Currer	t Registered Agent			10. Name and Address of New R	egistered Agent
		81	Name		
LEVY, BRIAN		82	Street Add	iress (P.O. Box Number is Not Acceptabl	(6)
1508 SE 17TH AVENUE CAPE CORAL FL 33990		83		,	,
CALE COTTAETE 30330					
		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Stalute:	s, the above na	amed corpo	pration submits this statement for the purp	pose of changing its registered office
or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Sect	oa. Such change was authorize ion 607.0505, Florida Statutes.	a by the corpo	iration's boa	ard of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE Spiration by not be printed in passic of registered agent	ICM) eldeouses trotte bee	E: Registered Agent	Signature require	ed when remstation	DATE
12. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	
TIBLE	☐ DELETE	1 1 1IILE	······		Change Addition
NAME SWAMI, MAGANBHAI L	<u></u>	1.2 NAME			C sharge C hasking
STREET ADDRESS 17761 SAN CARLOS BLVD.		1 3 STREET A	IDDDEE6		
FT. MYERS BEACH FL 33931					
TILLE	<b>F</b> ☐ DELFIE	1 4 CITY-SI 2 1 TITLE		ICE PRESIDENT	Change 🔀 Addition
NAM:		2 2 NAME		SANMUKH SWAMT	Change 🔼 Addition
				17761 SAN CARLOS BLUTP	•
STREET ADDRESS		2 3 STREET A			
THE	F DELETE	24 CITY-ST	-ZIP	Fr Myees Bon, Fl 3	3931
	☐ DECETE	3 1 TITLE	1		Change Addition
NAMI.		3.2 NAME			
SPECLI ACORESS		33 STREET			
CHY-SI-ZIP	FI OF FIF	3 4 CITY-ST	- ZIP		
101.5	☐ DELETE	4 1 TiTLE			Change Addition
nami		4.2 NAME			
STREET ADDIRESS		4.3 STREET A	ADDRESS		•
CHY SI ZIP	FTI be see	4.4 CHTY-ST	- ZIP		
Art. F	DELETE	5 1 TITLE			Change
NAM:		5.2 NAME			
STREET ADDRESS		5 3 STREET A	ADDRESS		
CHY-ST ZIP		5 4 CITY-ST	- ŽIP		
TIT.E	☐ DELE1E	6 1 TITLE			Change Addition
NAM:		6.2 NAME			
STHEE! ADDRESS		6 3 STREET A	ADDRESS		
CON ST ZP		64CHY-ST			
14. I do hereby certify that the information supplied	with this filing is voluntarily furnis	shed and does	not qualify	for the exemption stated in Section 119.0	07(3)(k), 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 cath; that I am an officer or director of the corporation or the receiver or trustee enpowered 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:

MAGANBHAY L SWAME 1/17/96 941-466-9636