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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011569 (9)

AMERICAN BUSINESS SUITES, INC.

Principal Place of Business Mailing Address 25 SECOND ST-N 1 25 SECOND ST N SUITE 200 -SUITE 200 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701-3362 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1993 03/13/1996 2. Principal Place of Business 146 Second St. Wo 2a. Mailing Address 26 146 And St. Wa 4. FEI Number Applied For 59-3189356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 10 Fee Required 6. Election Campaign Financing \$5.00 May Be etelsbulg fl Trust Fund Contribution Added to Fees 8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No 9. Name and Address of Current Registered Agent 30 USK 10. Name and Address of New Régistered Agent Name GEILEN, ROY J 25 2ND STN - 146 2nd SY NO 82 Street Address (P.O. Box Number is Not Acceptable) -STE 200 83 ST PETERSBURG FL 33701 R4 City Zip Code 85 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. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signal is Typiop or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, (96/6) (96/6) 12. DELETE Change Addition 1.1 TITLE TIT; E **GEILEN, ROY** NAME 1.2 NAME 146 and SHNO* 25 SECOND ST N SUITE 200 0.3 Street address STHEET ADDRESS ST PETERSBURG FL 33701 CITY-SI-Zif 1.4 CiTY+ST-ZiP Change Addition 2.1 TITLE TillE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP City - St - ZIF DELETE 3.1 TITLE ☐ Change Addition THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-ST-ZIP CITY-\$1-7P DELETE Change Addition 41 TITLE FIFLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition THLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP Till DELETE 6.1 TITLE Change Addition 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS**

6.4 CITY-ST-ZIP

14. I do 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 supplymental 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 occupier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if changed, or o

CITY - S1 - ZIF

>HEQUIRED

chment with an address

FILED

May 14 1997 8:00am

Secretary of State