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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000016251 (9)**

1. Corporation Name
ANN ESTHER INN, INC.

Principal Place of Business	Mailing Address
229 CORONADO DRIVE CLEARWATER BEACH FL 34630	229 CORONADO DRIVE CLEARWATER BEACH FL 34630-2431

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21 _____
22 Suite, Apt. #, etc. _____
23 City & State _____
24 Zip _____ 25 Country _____

2a. Mailing Address
26 994 BAY ESPLANADE
27 Suite, Apt. #, etc. _____
28 City & State: CLEARWATER FLORIDA
29 Zip: 34630 30 Country _____

4. FEI Number: 59-3178611 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

GOLD, AARON J
703 SWANN AVENUE
TAMPA FL 33606

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ATHANASIOU, BILL		1.2 NAME	ATHANASIOU, BILL	
STREET ADDRESS	229 CORONADO DRIVE		1.3 STREET ADDRESS	994 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER BEACH FL		1.4 CITY-ST-ZIP	CLEARWATER BEACH, FL. 34630	
TITLE	DPS	☐ DELETE	2.1 TITLE	DPS	☒ Change ☐ Addition
NAME	ATHANASIOU, JOANN		2.2 NAME	ATHANASIOU, JOANN	
STREET ADDRESS	229 CORONADO DRIVE		2.3 STREET ADDRESS	994 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER BEACH FL		2.4 CITY-ST-ZIP	CLEARWATER BEACH, FL. 34630	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATHANASIOU, GEORGE		3.2 NAME		
STREET ADDRESS	1018 BAY ESPLANADE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ATHANASIOU, OLGA		4.2 NAME	ATHANASIOU, OLGA	
STREET ADDRESS	229 CORONADO DR		4.3 STREET ADDRESS	1355 WILLIAMS DRIVE	
CITY-ST-ZIP	CLEARWATER BCH FL		4.4 CITY-ST-ZIP	CLEARWATER, FL. 34624	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: Joann Athanasiou 4/12/97 446-6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #