

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000051451 (1)**

1. Corporation Name

SOUTH WEST INN, INC.



Principal Place of Business

**400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801**

Mailing Address

**400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801**

3. Date Incorporated or Qualified
07/22/1993

3a. Date of Last Report
04/03/1995

4. FCI Number

59-3193614

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. 193.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOURNE, ROBERT A
400 E. SOUTH STREET STE 500
ORLANDO FL 32801**

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

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**CD
SENEFF, JAMES M. J
400 E. SOUTH STREET, SUITE 500
ORLANDO FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**PTD
BOURNE, ROBERT A.
400 E. SOUTH STREET, SUITE 500
ORLANDO FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**S
ROSE, LYNN E.
400 E. SOUTH STREET, SUITE 500
ORLANDO FL**

☐ DELETE

NAME

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