

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000023664 (3)**

1. Corporation Name
LAMAR HOTEL, INC.



Principal Place of Business: **409 WEST CENTRAL BLVD. ORLANDO FL 32801**
Mailing Address: **409 WEST CENTRAL BLVD. ORLANDO FL 32801**

3. Date incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-3203947**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**LINDBLOM, GRACE C
409 WEST CENTRAL BLVD.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **MEINER, CHARLES E.**
82 Street Address (P.O. Box Number is Not Acceptable): **203 N. LUCERNE CIRCLE EAST**
83 City: **ORLANDO** FL 85 Zip Code: **32801**

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, 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 I accept the obligations of, Section 607.030, Florida Statutes.

SIGNATURE: *Charles E. Meiner*
Signature, typed or printed name of agent and filing application (NOTE: Registered Agent Signature required when re-filing)

DATE: **3/7/96**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MEINER, CHARLES E
STREET ADDRESS	203 N. LUCERNE CIRCLE EAST
CITY-STATE-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> DELETE
NAME	MEINER, SAM C
STREET ADDRESS	211 NORTH LUCERNE CIRCLE EAST
CITY-STATE-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> DELETE
NAME	LINDBLOM, GRACE C
STREET ADDRESS	1000 LAKE ADAIR BLVD.
CITY-STATE-ZIP	ORLANDO FL 32804
TITLE	D <input type="checkbox"/> DELETE
NAME	CRAWFORD, J H
STREET ADDRESS	320 EAST 51ST STREET
CITY-STATE-ZIP	NEW YORK NY 10022
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENE, BOBBY E
STREET ADDRESS	222 SOUTH GLENWOOD AVENUE
CITY-STATE-ZIP	ORLANDO FL 32803
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN - 2

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2443 LOT-A-FUN AVENUE
2.4 CITY-STATE-ZIP	WINTER PARK, FL 32789
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 attached page with an address.

SIGNATURE: *Charles E. Meiner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/7/96**
TELEPHONE: **(407) 843-4021**

CR2E034 (12/95)