

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

**FILED**  
**Mar 06 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 # 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~~  
*203 N. Lucerne Circle*  
*Orlando, Fla.*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *203 N. Lucerne Circle East*

22 City & State

27 City & State  
*Orlando, FL*

23 Zip Country

28 Zip Country  
*32801*

24

29

3. Date Incorporated or Qualified  
**03/29/1994**

3a. Date of Last Report  
**03/12/1996**

4. FEI Number  
**59-3203947**

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

**MEINER, CHARLES E.**  
**203 NORTH LUCERNE CIRCLE EAST**  
**ORLANDO FL 32801**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEINER, CHARLES E</b>	
STREET ADDRESS	<b>203 N. LUCERNE CIRCLE EAST</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEINER, SAM C</b>	
STREET ADDRESS	<b>2443 LOT-A-FUN AVENUE</b>	
CITY- ST- ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDBLOM, GRACE C</b>	
STREET ADDRESS	<b>1000 LAKE ADAIR BLVD.</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, J H</b>	
STREET ADDRESS	<b>320 EAST 51ST STREET</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENE, BOBBY E</b>	
STREET ADDRESS	<b>222 SOUTH GLENWOOD AVENUE</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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 of change, or on an attachment with an address.

**SIGNATURE:**

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

Date

Daytime Phone #

CR2E034 (9/96)