

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

MAY 19 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029337 (0)

1. Corporation Name
HOST OF THE TOWN, INC.

2. Principal Place of Business

3900 ARNOLD AVENUE
NAPLES FL 33942

3. Mailing Address

3900 ARNOLD AVENUE
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

04/19/1994

3a. Date of Last Report

4. FEI Number

65-0472638

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 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. # et

23. City & State

24. Zip

25. County

2a. Mailing Address

26. Suite, Apt. # et

27. City & State

28. Zip

29. County

30. Country

9. Name and Address of Current Registered Agent

WAKEFIELD, S C
1400 W. OAK STREET
STE. A
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptation)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.032 and 607.033, Florida Statutes, the above named corporation submits the 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 Sections 607.032, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ()

1. NAME	PSTD GRAFT, FREDERICK J
2. STREET ADDRESS	1030 B MICHIGAN STREET
3. CITY & STATE	ORLANDO FL 32806
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
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14. NAME		
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16. CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		
18. STREET ADDRESS		
19. CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, for the exemption stated on this form. Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement is true and correct, and that my signature shall give the same legal effect as if made under oath. That certificate is effective for the corporation or the registrant for the purposes of this report as required by Chapter 199, Florida Statutes, and that the name appears in Block 12 or Block 13 of the report or in an attached statement of address.

SIGNATURE: *

Handwritten Signature

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten Signature
4/12/95

