## FILE NOW: FILING FEE AFTER MAY 1 IS \$55

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mort

DIVISION OF CORPO IONS

Secretary of Sta

1997

DOCUMENT # P94000045042 (6)

PALM COAST HOTEL ASSOCIATES, INC.

Principal Place of Business	Mailing Address				
C/O THE BRICTON GROUP, INC. 1000 HIGGINS RD. STE 260 PARK RIDGE IL 80068 US	C/O THE BRICTON GROUP, INC. 1030 HIGGINS RD. STE 260 PARK RIDGE IL 60058-5761 US				
2. Principal Place of Business					
21	26				
The second secon					

**FILED** Jan 15 1997 8:00am Secretary of State



3a. Date of Last Report

06/24/1996

3. Date Incorporated or Qualified

06/16/1994

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apı	plied For	
21		26			65-0509203		Not	Applicable	
22 /0 /0(	noowood Druce	Suite. Apt #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State  23 Part 17	2 Coast 71	City & State			Election Campaign Financing     Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,			
$Z_{10}$ $Z$			Country 30	atry  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   No					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent		
C/O	C T CORPORATION SYSTEM		81	Name					
1200 PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City		FL.	<b>85</b> Zip C	ode	
11. Parsuant I	to the provisions of Sections 607 0502	and 607.1508, Florida Statu	tes, the abovi	e-named corp	poration submits this statement for the	nurnose of o	hanging its	registered	
office or re	egistered agent, or both, in the State om In familiar with, and accept the obligat	if Florida, Such change was	authorized by	the corporat	ion's board of directors. I hereby acce	pt the appo	ntment as i	registered	
SIGNATURE	September 1900 (September 1900) (September 1900)	and title - Apparable (NO	L. Registered Age	ert signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI				
7:11.6	PD	☐ DEL€TE	1.1 TITLE			[	Change	Addition	
NAME	RENTON, WILLIAM		1.2 NAME						
\$TREET ADDRESS	214 COLLEGE PARK PLAZA		1.3 STREET	ADDRESS					
CiTy - S* - 7iP	JOHNSTOWN PA 15904		1.4 CITY - S	iT-ZIP					
Title	SD	☐ DELETE	2 1 TITLE			[	Change	Addition	
NAME	PORSCH, RAYMOND		2.2 NAME						
STREET ADDRESS	214 COLLEGE PARK PLAZA		2.3 S1REET	ADDRESS			•		
City-St-2iP	JOHNSTOWN PA 15904		2. 4 CITY-	ST-ZIP		*,			
THLE	TD	☐ DELETE	3.1 TITLE			[	Change	Addition	
NAME	Doherty, Edward		3.2 NAME						
STREET ADDRESS	1030 HIGGINS ROAD, SUITE 20	30	3.3 STREET	ADDRESS					
CITY: \$1-78F	PARK RIDGE IL 60068		3 4. CITY-	ST- ZIP	·				
TITLE	VD	☐ DELETE	4 1 TITLE				Change	☐ Addition	
NAME	ARNONE, JAMES		4 2 NAME						
STREET AFFORESS	214 COLLEGE PARK PLAZA		4.3 STREET	ADDRESS	ا الله الله الع <mark>الم الله الله الله الله الله الله الله ا</mark>	ARBANT F	afest 1		
CH Y - ST - ZIF	JOHNSTOWN PA 60068		4.4 CHTY - S	ST - ZIP					
THEF		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 ST(#E)	ADDRESS					
CHY-S1-Z9			5.4 CIT - 5	ST - ZIP					
HTLF		DELETE	6 1 TH				Change	Addition	
NAME			6.2 NA						
STREET ADDRESS			6.3 ST (E)	ADDRESS					
CHTY+S1+ZiP			6 4 CF	ST - ZIP					
<b>14.</b> L <b>d</b> o herel	by certify that the information supplied	with this filling does not qual	lify for the	emption stated	d in Section 119.07(3)(i), Florida Statut	es. I further	certify that	the	

cute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: