

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000047103 (4)

1. Corporation Name

FORT PIERCE INNKEEPERS, INC.



Principal Place of Business

1755 N. CONGRESS AVENUE  
BOYNTON BEACH FL 33426

Mailing Address

1755 N. CONGRESS AVENUE  
BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: 06/23/1994  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1100 Linton Blvd

26 P.O. Box 4727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-9

27

City & State

City & State

23 Delray Beach, FL

28 Portsmouth NH

Zip

Country

Zip

Country

24 33444

25

29 03802

30

4. FEI Number: APPLIED FOR 65-0514398  
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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 type and printed name of corporation's agent or director (if applicable)

(If Applicable) Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | WALSH, MICHAEL          |                                 |
| STREET ADDRESS | 1755 N. CONGRESS AVENUE |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33426  |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | D.                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Walsh, Michael           |  |
| 1.3 STREET ADDRESS | 1100 Linton Blvd Ste C-9 |  |
| 1.4 CITY-ST-ZIP    | Delray Beach FL 33444    |  |
| 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    |                          |  |

600001925988  
-08/20/96--01039--030  
\*\*\*233.75  
8/19/96

SIGNATURE:

*Michael Walsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WALSH

4/29/96

DATE

407 279 9900

DATE OF FILING

CR2E034 (12/95)