

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # P94000068280 (4)

1. Corporation Name

ACCOMMODATIONS UNLIMITED II, INC.

Principal Place of Business

1125 US HWY 98 SOUTH, SUITE 101
200
LAKELAND FL 33801
US

Mailing Address

1125 US HWY 98 SOUTH, SUITE 101
200
LAKELAND FL 33801-5845
US

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

02/12/1996

4. FEI Number

59-3273186

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

22 Suite 200

23 City & State

24

Zip

Country

25

26

Suite, Apt., #, etc.

27 Suite 200

28 City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

ST JOHN, JOSEPH P
1125 US HIGHWAY 98 SO. #200
LAKELAND FL 33801

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

DELETE

TITLE PD
NAME CAREY, JAMES E III
STREET ADDRESS 1125 US HWY 98 SOUTH - SUITE 200
CITY-ST-ZIP LAKELAND FL

TITLE TD
NAME ST. JOHN, JOSEPH P
STREET ADDRESS 1125 US HWY 98 SOUTH - SUITE 200
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE PD
1.2 NAME Carey, James E III
1.3 STREET ADDRESS 617 Powder Horn Row
1.4 CITY-ST-ZIP Lakeland FL 33809

2.1 TITLE TD
2.2 NAME St. John, Joseph P
2.3 STREET ADDRESS 1823 Sandy Knoll Circle
2.4 CITY-ST-ZIP Lakeland FL 33813

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

MORTHAM, SANDRA B.

1/12/97

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