FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS P94000074092 (5) DOCUMENT # 1. Corporation Name INN BY THE SEA, INC. Principal Place of Business Mailing Address 350 PALM STREET 350 PALM STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 10/04/1994 05/01/1995 2a. Mailing Address 4. F£I Number 21 26 Applied For Suite, Apt. #, etc. 65-0527076 Suite, Apt. #, etc. Not Applicable 22 5. Certificate of Status Desired 27 \$8.75 Additional City & State Fee Required City & State 23 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Country Added to Fees $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 9. Name and Address of Current Registered Agent Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name MELTON, STEVE 350 PALM STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name, of region red agent appoint in fugior abo-(401) Represent April Squares request who resisting 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE CR2E034 (12/95) PS DELETE 1. 1 TIFLE NAME MELTON, CAROL M Change ☐ Addition 1.2 NAME STREET ADDRESS 338 DESOTO STREET 13 STREET ADDRESS CITY - ST-ZIP HOLLYWOOD FL 33019 14 CITY - \$1 - 7(P TITLE DELETE 2 1 TILLE NAMÉ MELTON, STEVE Change Addition 2.2 NAME STREET ADDRESS 338 DESOTO STREET 2.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 24 CITY - S1 - 712 TITLE DELETE 3 1 THILE NAME ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE NAME Change Add:tion 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5 1 TITLE NAME ☐ Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-SI-ZIP 5 4 City - \$1 - zip TITLE DELETE 6 1 THEF NAME Change Addition € 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 2tP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 19 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR