

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000077086 (4)**

1. Corporation Name

ARBOR INN TRUST, INC.



Principal Place of Business

**250 VALENCIA AVE
CORAL GABLES FL 33134**

Mailing Address

**250 VALENCIA AVE
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

24

28 Zip

30 Country

29

9. Name and Address of Current Registered Agent

**MILLER, GEORGE
250 VALENCIA AVE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0550136

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

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 registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
MILLER, GEORGE
250 VALENCIA AVE
CORAL GABLES FL**

1.1 TITLE

P/T

☒ Change ☐ Addition

NAME

1.2 NAME

GEORGE D. MILLER

STREET ADDRESS

1.3 STREET ADDRESS

250 VALENCIA AVE

CITY - ST - ZIP

1.4 CITY - ST - ZIP

CORAL GABLES FL 33134

TITLE ☐ DELETE

**V
HENNESSY, DAVID C**

2.1 TITLE

V

☒ Change ☐ Addition

STREET ADDRESS

2.3 STREET ADDRESS

22481 Pleasant Park Road

CITY - ST - ZIP

2.4 CITY - ST - ZIP

Conifer CO 80433

TITLE ☐ DELETE

NAME

3.1 TITLE

V/S

☐ Change ☒ Addition

STREET ADDRESS

3.3 STREET ADDRESS

JOEL S. BERKOWITZ

CITY - ST - ZIP

3.4 CITY - ST - ZIP

2115 KNAAB DRIVE

TITLE ☐ DELETE

NAME

4.1 TITLE

V

☐ Change ☒ Addition

STREET ADDRESS

4.3 STREET ADDRESS

WILLIAM O. COOLEY

CITY - ST - ZIP

4.4 CITY - ST - ZIP

10836 PLEASANT HILL DRIVE

TITLE ☐ DELETE

NAME

5.1 TITLE

A

☐ Change ☒ Addition

STREET ADDRESS

5.3 STREET ADDRESS

LYNDA MAHONEY

CITY - ST - ZIP

5.4 CITY - ST - ZIP

4815 S PINE ROAD

TITLE ☐ DELETE

NAME

6.1 TITLE

EVERGREEN

☐ Change ☐ Addition

STREET ADDRESS

6.3 STREET ADDRESS

CO 80439

CITY - ST - ZIP

6.4 CITY - ST - ZIP

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 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:

LYNDA MAHONEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/96

303/697-8400

CR2E034 (12/95)