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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000088864 (1)

IME PE	EAHL BEACH MOTEL, INC				
Principal Plage of 7990 MANASC ENGLEWOOD	OTA KEY ROAD	Mailing Address 7990 MANASOTA KEY ENGLEWOOD FL 3422		1 10011001 110 1011 0011 0011	44 111 36 161 16 161 1716 1716 4111 4171 4261
				 Date Incorporated or Qualified 12/07/1994 	3a. Date of Last Report 03/06/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-1590899	Applied For Not Applicable
Suite, Apit. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s 199.032,
·u	9. Name and Address of Curre	and the contract of the contra	1001	10. Name and Address of New R	
			81 Name		······································
RIZZO, WILLIAM T. 7990 MANASOTA KEY ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
ENGLEW	OOD FL 34223		83		
			84 City	ation submits this statement for the pur	FL 85 Zip Code
SIGNATURE X	n, and accept the obligations of, Socialist Community of the rank of replaced the of the Community of the Co	tion 607.0505, Florida Statutes	red by the corporation's boar 5. DIE: Rigisland Agent's grature reclained 13.	dor virectors. I hereby accept the appointment of t	1/39/96
NAME STREET ADDRESS CHY ST ZIP	D RIZZO, WILLIAM T 7990 MANASOTA KEY RD. ENGLEWOOD FL 34223	[] OCLETE	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
Mate Name Surge Actioness City State	d Rizzo, debra b 7990 manasota key RD. Englewood Fl 34223	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-S1-ZIP		☐ Change ☐ Addition
TILLE NAME STHELL ADDRESS OUT STIZE		☐ DEFELE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	20000172	Change Addition
NAME STREET ADDRESS COVESTEZP		□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP	2000017 <u>4</u> -03/14/96010 ***200.00)77020 hänge □ Addilion
TITLE NAME STHEFT ADDRESS CITY SUZZE		DELETE	5 1 TILLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		☐ Change ☐ Addition
THE NAME SIRE: LADDRESS CHY ST-ZE		DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		Change Addition
cert fy that t oath; that I	the information indicated on this ame an afficer or director of the corps block 12 or Block 13 if changed, or URE:	ual report of supplemental annioration or the receiver or truster an attachment with an addr	ished and does not qualify to ual report is true and accurate e empowered to execute this ress.	or the exemption stated in Section 119.0 te and that my signature shall have the state of the st	same legal effect as if made under
	SIGNATURE AND TYPED O	R PRILT O NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytinie Phone I