SECONO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986.

AMOUNT DEE ON OR BEFORE 47/86: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMETATE: \$175.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT

1996



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000006955 (5) ST. PETE INNKEEPERS, INC.

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SECRETARY OF STATE

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1767 N. CONGRESS AVE. BOYNTON BEACH FL 33426			1767 N. CONGRESS AVE. BOYNTON BEACH FL 33126			reinstatement <u>960</u> 0				,DD
						3. Date Incorpora 01/19/1995		3e. Da	te of Last Repor	t .
	ace of Business	2a. N	failing Address			4. FEI Number			Applie	d For
1100	CENTON BLUD	26	1 Care	STREET		57-329	131		Not Ap	plicable
Suite, Apt. #	· 🔺 🚊	s	uite, Apt. #, etc.	_		5. Certificate of S	tatus Desired		\$8.75 Add	
	<u>. C-9</u>	27		<u> </u>		•••••••••••		<u> </u>	Fee Requir	ed :
City & State			ity & State	.14		6. Election Camp			\$5.00 May	
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Zip 3.3 4/	Country	29 2	ip - 960 (Country	. 1	 This corporation Florida Statutes 		intangible t		.032,
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	CORPORATION SYSTE									1996
	D S. PINE ISLAND RO	AD .		82 S	treet Address	(P.O. Box Number			ac	>
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				84 C	lity		**********	E	20 000	9 ,500
1. Pursuant tr	the provisions of Section	ns 607.0502 and 607	1508 Florida State	ries, the above-na	med corporati	ion submits this et	tement for the n	urpose of c	hanolno its reci	hajais
office or re	o the provisions of Section gistered agent, or both, in familiar with, and accept	the State of Florida.	Such change was	authorized by the	corporation's	board of directors	. I hereby accep	the appoi	ntment as regist	ered
agent. I an	n tamiliar with, and accept	t the obligations of, S	e ction 607.0505, F	iorida Statuta	NNIE RE	ZYAN			. A	
		_								
GNATURE A	X Come 6	MARS		SDE	CIAL ASS	SETANT SEC		DATE	2296	
GNATURE	Signature, typed or printed name of	registered agent and title if ag	oplicable. (PK	OTE: Registered Agent 6	CIAL ASS	SISTANT SEC	RETART	DAJE	· PANSONAL ARR	19. 1999 19. 19. 199 19. 19. 199
GNATURE .	Signiliture, typed or printed name of OFF	MARS	ORS (NK	SDE DTE: Registered Agent G 13.	CIAL ASS	SISTANT SEC		DATE CERS AND	DIRECTORS IN	12
IGNATURE 2.	Signilities, typed or printed name of OFF	registered agent and title if ag	oplicable. (PK	DTE: Registered Agent &	CIAL ASS	ADDITIONS/CH	ANGES TO OFFI	DATE CERS AND	DIRECTORS IN	
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made under oath; that I am an of cr that my name appears in Block 12 o execute this report as required by Chapter 617, Florida Statutes; and

SIGNATURE: