

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000007965 (3)

1. Corporation Name

THE GUEST HOUSE, INC.



Principal Place of Business 5111 OCEAN BLVD. SUITE C SARASOTA FL 34242	Mailing Address 5111 OCEAN BLVD. SUITE C SARASOTA FL 34242
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1995		3a. Date of Last Report n/a	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0567818		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MASS, ROBB R 321 ROYAL PONCIANA PLAZA PALM BEACH FL 33490 Dennis J. McGillicuddy 5111 Ocean Blvd. Suite C Sarasota, FL 34242				81. Name	Dennis J. McGillicuddy		
				82. Street Address (P.O. Box Number is Not Acceptable)	5111 Ocean Blvd.		
				83. Suite	Suite C		
				84. City	Sarasota	85. Zip Code	FL 34242

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGILICUDDY, DENNIS			12. NAME			
STREET ADDRESS	5111 OCEAN BLVD., SUITE C			13. STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34242			14. CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGILICUDDY, GRACIELA S			22. NAME			
STREET ADDRESS	5111 OCEAN BLVD., SUITE C			23. STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34242			24. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY - ST - ZIP				34. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

Telephone

CR2E034 (3/96)