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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000011572 (1) **DOCUMENT #**

 Corporation Name CASA DE SUENOS BED & BREAKFAST, INC. Mailing Address Principal Place of Business 20 CORDOVA ST. 20 CORDOVA ST. ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 65 - 0 55 5 450 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Ζıçı Country ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TOOL, H. RAYMOND Street Address (P.O. Box Number is Not Acceptable) 82 20 CORDOVA ST. 83 ST. AUGUSTINE FL 32084 Zip Code 85 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ported name of registered agent and life if applicable CR2E034 (12/95) ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change DELFIE 1.11000 THILE 1.2 NAMS NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY - \$1 - ZIP 011Y - \$1 - ZIP Change Add tion C DELETE 2.1 Mile TILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - 7-P CITY-ST-ZIP Change Addition DELFTE 3 1111E TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-\$1-7F CITY-S1-ZIP Addition DELETE 4 1 31/11 THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-S1-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 Title TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-\$!-7/P CITY SI-ZIP Addition DELETE 6 1 TITLE 3<u>0</u>0001774683°° THLE -04/10/96--01006--013 6.2 NAME NAM: 6.3 STREET ADDRESS ***200.00

14. If do hereby certify that the information supplied with this filling 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 frue 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 nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certification is the control of the corporation or the receiver of the corporation or the receiver of the corporation of langed, or on an attachment with an address. appears in Block 12 or

64 CHY-S1-7F

SIGNATURE:

STREET ADDRESS

March 13,1996