

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000021282 (5)

1. Corporation Name  
HILTES ON THE BEACH, INC

Principal Place of Business  
724 E. EAU GALLIE BLVD.  
INDIAN HARBOR BEACH FL 32937

Mailing Address  
724 E. EAU GALLIE BLVD.  
INDIAN HARBOR BEACH FL 32937-4801

FILED

97 JUN 30 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3303846		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LANHAM, THOMAS H  
4300 PINEWOOD RD  
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name BYRON E BLANKLEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
4300 PINEWOOD RD  
83  
84 City MELBOURNE FL 85 Zip Code 32934

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

BYRON E BLANKLEY

6.2.97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKLEY, CHERLYN K	1.2 NAME	
STREET ADDRESS	2324 COLONIAL DRIVE	1.3 STREET ADDRESS	4300 PINEWOOD RD
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKLEY, BYRON E	2.2 NAME	
STREET ADDRESS	4300 PINEWOOD RD	2.3 STREET ADDRESS	32934
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	9000002232449--6
STREET ADDRESS		3.3 STREET ADDRESS	-07/08/97--01037--009
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

BYRON E BLANKLEY

6.2.97 (607) 72-8331

CR2E034 (9/96)