## 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** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000022951 (4) CAROLINE MOTEL, INC.						## 88## 118## 118## 18## 18## 1### 1###	
Principal Place	e of Business	Mailing Address				11 BB246 11616 11616 16161 B1161 1161 1161	
4643 W. IRLO KISSIMMEE F	) Bronson Memorial Hwy. 1: 34746	4643 W. IRLO BRONS KISSIMMEE FL 34746	on Memorial Hw	Y.			
					3. Date incorporated or Qualified 03/17/1995	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Nuniber	Applied For	
21	B	26			59-3302889	Not Applicabl	
Suite, Apt.	# etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State	us. v		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zιρ	Country	•	8. This corporation has liability for it	ntangible tax under s. 199 032	
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 1	Nama	10. Name and Address of New Reg	gistered Agent	
ALL	LAN, PIPER S		81  [	Name			
250	O NORTH ORANGE AVE.		82 5	Street Addr	Address (P.O. Box Number is Not Acceptable)		
ELEVENTH FLOOR			83				
OR	ILANDO FL 32801						
			84 City			FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Stat	tutes, the above na	amed corpo	oration submits this statement for the pu	maso of changing its reactored	
office or re	registered agent, or both, in the Stat im familiar with, arid accept the obli	ie of Florida. Such change was	s authorized by the	e corporatio	on's board of directors. Thereby accept	the appointment as registered	
			Fiorida Statutes.				
-	•	guitaria di, occidi oci idada, i	rionda Statutes.				
SIGNATURE	Signature typed or product traine of high-lined an	gent and the Lappidace (f	With Begivered Agents	signature requir		085£	
SIGNATURE	OFFICERS A	gens and the Lapplican v (f	NOTE Registered Agents	signature requir	ed when rendstating) ADDITIONS/CHANGES TO OF FIC	ERS AND DIRECTORS IN 12	
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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 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FURTHER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FURTHER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR