

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000030057 (0)**

1. Corporation Name

ALL FLORIDA RESORT INNS, INC.

Principal Place of Business

**1320 S. DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146**

Mailing Address

**1320 S. DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

65-0646782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2800 Ponce De Leon Blvd.

Suite, Apt. #, etc.

22 Suite 1125

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2800 Ponce De Leon Blvd.

Suite, Apt. #, etc.

27 Suite 1125

City & State

28 Coral Gables, Florida

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

**BREIER, ROBERT G
1320 S. DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

Robert G. Breier, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

2800 Ponce De Leon Blvd.

83

Suite 1125

84 City

Coral Gables

FL

85 Zip Code

33134

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

(NOTE: Registered Agent signature required when reinstating)

3/20/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
MILLER, GERALD
300 71 STREET, SUITE 635
MIAMI BEACH FL 33141**

TITLE ☒ DELETE

**~~D
OLIN, GERALD
300 71 STREET, SUITE 635
MIAMI BEACH FL 33141~~**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**2800 Ponce De Leon Blvd., Suite 1125
Coral Gables, FL 33134**

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

[Signature]

Gerald S. Miller

4/7/98

(305) 868-7222

CR2E034 (10/97)