


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

FILED

Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000030666(8)

1. Corporation Name

Berlin Inn Corporation

Principal Place of Business

Mailing Address

4716 Del Prado Blvd.
Cape Coral, FL 33904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o Hill & Company

22 City & State

27 1318 Lafayette St.

23 Zip

Country

28 Zip

33904

Country

FL

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

65-0585827

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ernest Seemann
4729 Del Prado Blvd.
Cape Coral, FL 33904

81 Name

Thomas W. Hill

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

1318 Lafayette St.

83

84 City

Cape Coral

FL

85 Zip Code

33904

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

Thomas W. Hill

Thomas W. Hill

4-29-97

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 ☐ DELETE
NAME STETTIN, MANFRED
STREET ADDRESS 4531 S.E. 10 AVE
CITY-ST-ZIP CAPE CORAL, FL.

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME STETTIN, CHRISTINA
STREET ADDRESS 4531 S.E. 10 AVE
CITY-ST-ZIP CAPE CORAL, FL.

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME HILL, THOMAS W.
3.3 STREET ADDRESS 1318 LAFAYETTE ST.
3.4 CITY-ST-ZIP CAPE CORAL, FL. 33904

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Thomas W. Hill

Thomas W. Hill

4-29-97

(941) 549-2444

CR2E034 (9/96)