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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030666 (8)

BERLIN INN CORPORATION

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address A716 DEL PRADO BLVD. C/O HILL & COMPANY CARE CORAL FL-80904 1318 LAFAYETTE ST. DO NOT WRITE IN THIS SPACE CAPE CORAL FL 33904 3. Date Incorporated or Qualified <u>04/12/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0585827 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 5.E. 10 Ave 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes p. Name and Address of Current Registered Agent 1D. Name and Address of New Registered Agent Name HILL, THOMAS W 1318 LAFAYETTE ST. 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33906 83 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME SETTIN, MANFRED 1.2 NAME 4531 S.E. 10 AVE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SETTIN, CHRISTINA NAME 2.2 NAME 4531 S.E. 10 AVE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 CITY - ST - 2IP DELETE TITLE 3.1 THILE Change ■ Addition HILL, THOMAS W NAME 3.2 NAME STREET ADDRESS 1318 LAFAYETTE ST. 3.3 STREET ADDRESS CAPE CORAL FL 33906 CITY-ST-ZIP 3.4. C(TY-ST-ZIP DELETE TITLE 4.1 TITLE Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 furstee 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: V Merne W

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Thomas We Hill

4-17-98

941-549-2444