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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF DOCUMENT # P95000089786 (4)

GREAT STAY SUITES, INC.

## FILED May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  1601 BELVEDERE RD SUITE 407 WEST PALM BEACH FL 33406  Mailing Address  1601 BELVEDERE RD SUITE 407 WEST PALM BEACH FL 33406-1541								
						Date Incorporated or Qualified     11/21/1995	3a. Date of La 07/18/19	
	Place of Business	2a. Mailing Add	fress			4. FEI Number 65-06 19253	<u> </u>	Applied For
21 Suite, Apt	I. #. etc.	26 Suite, Apt.	Y. etc.				S8.	Not Applicable  75 Additional
22	27					5. Certificate of Status Desired		e Required
City & Sta	ate	City & State	•		,	6. Election Campaign Financing		. <b>00</b> May Be
<b>23</b> ] Zip	Country	28 Zip		Country	·	Trust Fund Contribution  8. This corporation has liability for		ded to Fees
24	25	29	30	~~~,		Florida Statutes	Yes No	JUF 5. 185.U32,
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Re	gistered Agent	
MEYER, WILLIAM A				81	Name			
1601 BELVEDERE RD., SUITE 407 WEST PALM BEACH FL 33406				82 Street Add		ress (P.O. Box Number is Not Accepta	ble)	
AAC	EST PAUM DEACH PL 35400			83				
				84	City		loc	Zip Code
				04	City		FL  85	Zip Code
12.		AND DIRECTORS		13,		red when reinstalling) ADDITIONS/CHANGES TO OFFI		
12. Till:	SO			1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFI	Cha	
NAME	MEYER, WILLIAM A	Interest dam		1.2 NAME		•		
STREET ADDRESS	1601 BELVEDERE RD., SU WEST PALM BEACH FL 3			1.3 STREET	1			
CITY - ST - ZiP	p			1.4 City-S 2.1 Title	1-ZIP		Cha	nee Addition
NAME	SPILLETT, RICHARD J	_		2.2 NAME	}	1,7		• — -
STREET ADDRESS			:	2.3 STREET	ADDRESS			
City - St - 7IP	WEST PALM BEACH FL 3			2. 4 CITY - 5	ST - ZIP			
TIME		ليا	DELETE				T Ob	
				3.1 TITLE			☐ Cha	inge Addition
NAME	3			3.2 NAME 3.3 STREET	ADDRESS		☐ Cha	inge [] Addition
	3			3.2 NAME			☐ Cha	inge [] Addition
NAME STREET ADDRESS	3		DELETÉ	3.2 NAME 3.3 STREET 3.4. City-1 4.1 Title			☐ Cha	
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information indicated on this annual report or supplemental finnual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the receiver for trusted 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTON.

4/23/97 (36)

Daytime Phone #