


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

FILED
May 01 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 # P96000001532 (6) 1. Corporation Name DUNN INNKEEPERS, INC.		
Principal Place of Business 1 CATE STREET SUITE 3 PORTSMOUTH NH 03801		Mailing Address 1 CATE STREET SUITE 3 PORTSMOUTH NH 03801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 Market St Suite, Apt. #, etc. 22 Bldg 1 City & State 23 Portsmouth NH Zip 24 03801		2a. Mailing Address 26 1000 Market St Suite, Apt. #, etc. 27 Bldg 1 City & State 28 Portsmouth NH Zip 29 03801		3. Date Incorporated or Qualified 01/01/1996	
4. FEI Number 56-1951828		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GREENE, DOUGLAS E <input type="checkbox"/> DELETE	1.1 TITLE	D Green, Douglas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CATE STREET, SUITE 3	1.2 NAME	1000 Market St Bldg 1
STREET ADDRESS	PORTSMOUTH NH 03801	1.3 STREET ADDRESS	Portsmouth NH 03801
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D AKRIDGE, DAVID <input type="checkbox"/> DELETE	2.1 TITLE	D Akridge, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CATE STREET, SUITE 3	2.2 NAME	1000 Market St Bldg 1
STREET ADDRESS	PORTSMOUTH NH 03801	2.3 STREET ADDRESS	Portsmouth NH 03801
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached page with an address.

SIGNATURE:

Douglas E. Greene *DAVID E. AKRIDGE* 3/17/98

CR2E034 (10/97)