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

FILED Jun 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Moralizati: 🔿 Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 P96000027182 (0) DOCUMENT # VILANO BEACH MOTEL, INC. Principal Place of Business Mailing Address 50 VILANO RD. 50 VILANO RD. ST. AUGUSTINE FL 32096 ST. AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 59-336 3. Date Incorporated or Qualified 03/22/1996 2. Principal Place of Business 4, FEI Number 2a. Mailing Address 3367955 50 VILANORIDE 50 VILANO RT Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MAGIERA, ROBERT J 50 VILÂNO RD. 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32095 83 84 Zip Code City 85 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. MAGIERA ien reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change TITLE 1.1 1016 KOSTER, ROBERTA NAME 12 NAME **50 VILANO ROAD** STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32095 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition -2.1 1ITLE TITLE KOSTER, ROBERTA 2.2 NAME NAME **50 VILANO ROAD** 2.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32095 2 4 CITY-ST-ZIP CITY-ST-ZIP DETETE Change Addition TITLE 3.1 111148 MAGIERA, CHRISTOPHER R NAME 3.2 NAME **50 VILANO ROAD** 3.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32095 3 4. CITY - ST - 7IP CITY-ST-ZIP Addition DELETE TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE 6.1 THILE TITLE **60000256764**6 -06/22/39--01032--012

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY - \$1 - ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP