SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AF[illegible] SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700)

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
DIVISION OF CORPORATIONS

FILED
99 DEC -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027182

1. Corporation Name
VILANO BEACH MOTEL, INC.

Principal Place of Business	Mailing Address
50 VILANO RD. ST. AUGUSTINE FL 32095	50 VILANO RD. ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3367955 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
		7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAGIERA, ROBERT J 50 VILANO RD. ST. AUGUSTINE FL 32095	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☒ Change ☐ Addition
NAME	KOSTER, ROBERTA	MAGIERA, ROBERT J
STREET ADDRESS	50 VILANO ROAD	50 VILANO RD
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	ST. AUGUSTINE, FL 32095
TITLE	S ☐ DELETE	☐ Change ☐ Addition
NAME	KOSTER, ROBERTA	
STREET ADDRESS	50 VILANO ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D ☐ DELETE	☐ Change ☐ Addition
NAME	MAGIERA, CHRISTOPHER R	
STREET ADDRESS	50 VILANO ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12/15/99 81825 012
****150.00 ****150.00

CR2E034 (5/99)

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 attachment with an address.

K5

SIGNATURE: ROBERT J MAGIERA REQUIRED _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] Daytime Phone #