

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

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000035560 (7)

1. Corporation Name
SOCO LODGING, INC.



Principal Place of Business 27 RIVER FALLS DRIVE COCOA BEACH FL 32931	Mailing Address 27 RIVER FALLS DRIVE COCOA BEACH FL 32931-2397
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3372810	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

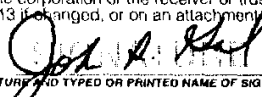
9. Name and Address of Current Registered Agent GAL, STANLEY 27 RIVER FALLS DRIVE COCOA BEACH FL 32931		10. Name and Address of New Registered Agent	
81	Name	JOHN S. GAL	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	470 GARFIELD AVE.	
84	City	COCOA BEACH	FL 85 Zip Code 32931

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:  JOHN S. GAL SEC. / TREAS. DATE: 4/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GAL, STANLEY	1.2 NAME	
STREET ADDRESS	27 RIVER FALLS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GAL, MARIA	2.2 NAME	
STREET ADDRESS	27 RIVER FALLS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD
NAME	GAL, JOHN S	3.2 NAME	GAL, JOHN S.
STREET ADDRESS	27 RIVER FALLS DRIVE	3.3 STREET ADDRESS	470 GARFIELD AVE.
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  JOHN S. GAL DATE: 4/15/97 DAYTIME PHONE: 407-784-4343

CR2E034 (9/96)