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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000046702 (2)

SUNSET BEACH HOTEL, INC. Principal Place of Business Mailing Address 8540 W. GULF BOULEVARD 8540 W. GULF BOULEVARD TREASURE ISLAND FL 33708-3455 TREASURE ISLAND FL 33706 3a. Date of Last Report 3. Date Incorporated or Qualified 06/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Ζφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REARDON, JANET C 10225 ULMERTON ROAD #2 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34641 83 84 City 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. Styrial well typercon printed name of regenorea agost and line if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 (96/6) (96/6) DELETE Change 1.1 TITLE DivE BOMMERER, STEFAN 1.2 NAME 8540 W. GULF BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS TREASURE ISLAND FL 33706 1.4 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE Change 2.1 TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS CHTY-\$1-Ze2 2.4 CITY - ST - ZIP DELETE Change Addition 70718 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - 51 - 201 DELETE Change Addition 41 TITLE THEF 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CitY - \$1 - ZiP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST ZIP 5.4 CITY - ST - ZIP DELETE Change Addition THE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-7IP CITY - ST - ZIP

14. I do hereby certify that the infoquettor subplied is in 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 admual report or subplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receives 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 for on an attachment with an address.

SIGNATURE:

BOMMEREN 4/8/97

8/3 36 > 5 704/ Daytime Priorie # 0074584

**FILED** 

Apr 17 1997 8:00am

Secretary of State