

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

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Feb 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080287

FACE INN CORPORATION

Principal Place of Business
OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address
7931 OVERSEAS HIGHWAY
MARATHON FL 33050
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
OVERSEAS HIGHWAY MARATHON FL 33050	7931 OVERSEAS HIGHWAY MARATHON FL 33050 US	09/25/1996
2b. Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
		65-0707735
5. Certificate of Status Desired	City & State	Applied For Not Applicable
		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	Country	\$5.00 May Be Added to Fees
	Zip	
8. This corporation owes the current year intangible Personal Property Tax.	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

KIRWAN, DAVID P
6803 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent for the corporation.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME		
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME		
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME		
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME		
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOIS ADKINS

1-20-99 (305)743-5711

CR2E034 (1/98)