

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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # P96000102025 (9)

1. Corporation Name
CEPS HOTELS, INC.



Principal Place of Business
4694 IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34746

Mailing Address
4694 IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34746-5323

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0716474		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONSTANCE, EUGENE 4694 IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 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.

SIGNATURE *Eugene Constance* DATE 3-10-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1. TITLE PSTD	<input type="checkbox"/> DELETE	13.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2. NAME CONSTANCE, EUGENE		13.2. NAME	
12.3. STREET ADDRESS 4694 IRLO BRONSON MEMORIAL HWY		13.3. STREET ADDRESS	
12.4. CITY - ST - ZIP KISSIMMEE FL 34746		13.4. CITY - ST - ZIP	
12.5. TITLE VD	<input type="checkbox"/> DELETE	13.5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6. NAME SHINDE, PRADEEP		13.6. NAME	
12.7. STREET ADDRESS 4694 IRLO BRONSON MEMORIAL HWY		13.7. STREET ADDRESS	
12.8. CITY - ST - ZIP KISSIMMEE FL 34746		13.8. CITY - ST - ZIP	
12.9. TITLE	<input type="checkbox"/> DELETE	13.9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10. NAME		13.10. NAME	
12.11. STREET ADDRESS		13.11. STREET ADDRESS	
12.12. CITY - ST - ZIP		13.12. CITY - ST - ZIP	
12.13. TITLE	<input type="checkbox"/> DELETE	13.13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14. NAME		13.14. NAME	
12.15. STREET ADDRESS		13.15. STREET ADDRESS	
12.16. CITY - ST - ZIP		13.16. CITY - ST - ZIP	
12.17. TITLE	<input type="checkbox"/> DELETE	13.17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18. NAME		13.18. NAME	
12.19. STREET ADDRESS		13.19. STREET ADDRESS	
12.20. CITY - ST - ZIP		13.20. CITY - ST - ZIP	

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 contained 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: *Eugene Constance* DATE: 3/10/97 TELEPHONE: 407-396-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)