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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000077087

1. Corporation Name

CASABLANCA BED AND BREAKFAST INN, INC.

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90035 012 \*\*\*150.00



<u> </u>					{		IIA <b>ej</b> an <b>e</b> eni 1		PE KONTA LOGUL KARK
Principal Place of Business Mailing Address									
244 BLUEB.RD ST AUGUS"INE		244 BLUEBIRD LN ST AUGUSTINE FL 32084							
I					D-4-1-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					1 7.	•			
- 500 IB		NATIONAL WARRANTS			09/04/				
	lace of Business	2a. Mailing Address			1	4. FEI Number 59-3476473			polied For
21 24	AVENIDA-MENENDIZ				<u> </u>	\$8.75.Add			lo: Applicable
Suite, Apt. #, etc.		Suite, Apt. #_etc.			5. Certifcat	5. Certificate of Status Desired Fee Required			
City & Sitate		City & State				0			
23 ST. AUGUSTINE EI		28			1	Campaign Financing nd Contribution	- 11		
Zip Country		Zip Country				poration owes the cure	ont uppe lets		101 663
24 320		29 30			1	Property Tax.	eni year ma	Yes	∃No
241 0 20	g. Name and Address of Current	<del></del>	301			nd Address of New I	Registere d		
	3. 10.10		81	Name					
BUS	HELL, BRENDA A			<u> </u>	<del></del>				
244	BLUEBIRD LN		82	Street	Acdress (P.O. Box I	Number is Not Accept	30le)		Ì
ST A	UGUSTINE FL 32034		83	<del> </del> -	- <del></del>				
l									
			84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es	s, the abov	e-named	corporation submits	this statement for the	purpose of	changing it	s 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	Signature, typed or printed nar ie of registered agent	and title if applicable. (NOT: : F	Registered Age	nt signature r	equired when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIC I	NS/CHANGES TO OF	FICERS / N	D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	BUSHELL, ANTHONY D		12 NAME						
STREET ADDRESS	244 BLUEBIRD LN		1.3 STREE	TADDRESS	]				1
CITY-ST-ZIP	ST AUGUSTINE FL 32084		1.4 CITY-9	T-ZIP	l				
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	BUSHELL, BRENDA A		2.2 NAME		)				ì
STREET ADDRESS	244 BLUEBIRD LN		2.3 STREE	TADDRESS					ļ
CITY-ST-ZIP	ST AUGUSTINE FL 32084		2.4 CITY-	ST-ZIP				_	
TITLE		☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME			3.2 NAME						i
STREET ADDRES			3.3 STREE	TADDRESS	]				
CITY-ST-ZIP			3.4. CITY-5						į
TITLE			4 1 TITLE					☐ Change	☐ Addition
NAME			4.2 NAME	1	1				1
STREET ADDRESS			4.3 STREE	TADDRESS I					
			4 4 CITY-S	_					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME		_	5.2 NAME					•	
			53 STREE	TADDRESS	)		**		
STREET ADDRESS			5.4 CITY-S		ļ ,	, - · · ·	_		
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	6.1 TITLE		<del> </del>		<del>-</del>	☐ Change	Addition
		- Percie	6.2 NAME						,
NAME				TADDRESS					
STREET ADDRESS	/		64 CITY-S		]				
CITY-ST-ZIP	partify that the information supplied with	tuic filing does not qualify for:			in Section 119 07/	3 (i). Florida Statutes.	I further cer	ofy that the	information

Indicated on this annual report of hyppiene with this ming goes not quality for the exemption stated in 3 ection 119.07(3/0), norrida statutes. I turner certify that the information indicated on this annual report of hyppienental annual report is true and state and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copropation of the receiver or trussee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted an on an attachment with an address, with all other like empowered.

SIGNATURE