

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 # **P98000084719**

1. Corporation Name
INN-ROOM SAFE, INC.

Principal Place of Business
**3124 BROADWAY
SUITE 16
RIVIERA BEACH FL 33404**

Mailing Address
**3124 BROADWAY
SUITE 16
RIVIERA BEACH FL 33404**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address

26 **P.O. BOX 11017**
27 Suite, Apt. #, etc.
28 **RIVIERA BEACH, FL**
29 **33404** 30 Country

9. Name and Address of Current Registered Agent

**FABER, C M
3124 BROADWAY
SUITE 16
RIVIERA BEACH FL 33404**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** [] DELETE
NAME **CROES, OSWALD F**
STREET ADDRESS **3124 BROADWAY**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**
[] DELETE
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE [] DELETE
NAME
STREET ADDRESS
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[] DELETE
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CITY-ST-ZIP
[] DELETE
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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****150.00 ****150.00

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 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, with all other like empowered

SIGNATURE:

CHRIS M. FABER
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

561-863-8325

0022087

CR2E034 (11/98)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1998
4. FEI Number **65-0869060** Applied For Not Applicable
5. Certificate of Status Desired [] **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [] Yes [] No
10. Name and Address of New Registered Agent