


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90066 046 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000103683

1. Corporation Name

WARM MINERAL SPRINGS MOTEL, INC.

Principal Place of Business	Mailing Address
12597 SO. TAMiami TR. WARM MINERAL SPRINGS FL 34287	12597 SO. TAMiami TR. WARM MINERAL SPRINGS FL 34287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/11/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0883781	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year, intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERBER, ROGER A. 37 SO. GRANVIEW RD., APT. 4 DAYTONA BEACH FL 32118				81 Name HERBER, ROGER A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 12597 S. TAMiami TRAIL			
				83			
				84 City WARM MINERAL SPRINGS FL 85 Zip Code 34287			

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Karen P. [Signature]
 Signature, typed or printed name of registered agent and then, if applicable

(NOTE: Registered Agent signature required when reinstating)

JAN 26, 1999
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHARD KARL	1.2 NAME	
STREET ADDRESS	GUSTAV-HOCH-STR. 50	1.3 STREET ADDRESS	
CITY-ST-ZIP	HANAU, GERMANY	1.4 CITY-ST-ZIP	
TITLE	OFFICER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER A. HERBER	2.2 NAME	
STREET ADDRESS	12597 S. TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WARM MINERAL SPRINGS, FL 34287	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

Karen P. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26, 1999
 Date

Daytime Phone #

CR2E034 (1/98)