


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

540

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90056 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000104325

1. Corporation Name
GAY PLACES 2 STAY, INC.

Principal Place of Business 500 N.E. 19TH STREET WILTON MANORS FL 33305	Mailing Address 500 N.E. 19TH STREET WILTON MANORS FL 33305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2217 WILTON DR. Suite, Apt #, etc. 22 SUITE 17 City & State 23 WILTON MANORS, FL Zip 24 33305		2a. Mailing Address 26 2217 WILTON DR. Suite, Apt #, etc. 27 SUITE 17 City & State 28 WILTON MANORS, FL Zip 29 33305		3. Date Incorporated or Qualified 12/14/1998	
4. FEI Number 65-0892434		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. 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 BERUBE, CHARLES 500 N.E. 19TH STREET WILTON MANORS FL 33305		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 Charles L. Berube (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALUF, SAM		1.2 NAME	
STREET ADDRESS 500 N.E. 19TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP WILTON MANORS FL 33305		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGREN, ERIC S		2.2 NAME	
STREET ADDRESS 500 N.E. 19TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP WILTON MANORS FL 33305		2.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERUBE, CHARLES		3.2 NAME	
STREET ADDRESS 500 N.E. 19TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP WILTON MANORS FL 33305		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: Charles L. Berube **4/30/99** **954-630-0475**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)