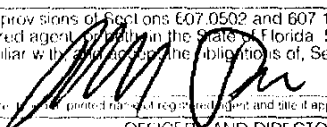
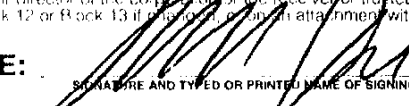


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND
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97 APR -9 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 314107 1. Corporation Name BONUS INNS, INC			
Principal Place of Business 18801 Mack Dairy RD Jupiter FL 33478		Mailing Address 18801 Mack Dairy RD Jupiter FL 33478	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/09/90	3a. Date of Last Report 4/26/96
		4. FEI Number 59-3056561	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent MARC Demers 18801 MACK DAIRY RD Jupiter FL 33478		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	
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 within 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:  MARC Demers DATE: 3-26-97 (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS 12.1 TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP 12.2 TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP 12.3 TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP 12.4 TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP 12.5 TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP 12.6 TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.2 TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.3 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.4 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.5 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.6 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.7 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.8 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.9 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.10 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.11 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.12 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.13 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.14 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.15 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.16 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.17 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.18 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.19 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP 13.20 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP	
14. I do 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 applicable, or in an attachment with an address. SIGNATURE:  MARC Demers DATE: 3-26-97 561-745-9099 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)