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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S27883 CIVIC INN NORTH, INC.

(5)

Principal Place of Business

8500 UNIVERSITY PARKWAY PENSACOLA FL 32514

2. Principal Place of Business

SIGNATURE:

Mailing Address

2a. Mailing Address

26

8500 UNIVERSITY PARKWAY PENSACOLA FL 32514

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

01/28/1991

08-7506401

4. FE! Number

Suite, Apt. f	f, etc.	Suite, Apt. #, etc.	- · · · · · ·			5. Certificate of Status Desired \$8.75 Additional Fee Required		
	City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Zip	Country	Zip	Col	untry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30	,	•	Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	ι, οπο			81	Name			
8500 UNIVERSITY PARKWAY				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32514								
				83				
				84	City	85 Zíp Code		
				Ш		FL 60 27 3000		
11. Pursuant to	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.							
agent. 1 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 reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Reg 12. OFFICERS AND DIRECTORS				egistered Agent signature required		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE		1.1 T	ITLE		Change Addition		
NAME	FAN, OTTO	<u> </u>	1.2 N					
STREET ADDRESS	2495 BELLE CHRISTIANE	CR			ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			ITY-ST				
TITLE	D	DELETE	2.1 Ti			Change Addition		
NAME	FAN, ELLEN	_	2.2 N					
STREET ADDRESS	2495 BELLE CHRISTIANE	CR	2.3 \$	TREET A	ADDRESS			
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CETY - ST - ZIP			4.4 CI	ITY-ST	- ŽIP			
TITLE		DELETE	5.1 TI	TLE		Change Addition		
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET A	ADDRESS			
CITY - ST - ZIP				ITY-ST	- ZIP			
TITLE		□ DELETE	6.1 TI			Change Addition		
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET A	ADDRESS			
CITY-ST-ZIP			6.4 C	TY-ST	- ZIP	One of October State On the Death of the other state of the october Stat		
14. I hereby ce indicated o	artify that the information supplied on this annual report or supplem	ed with this filing does not qualify fo eental annual report is true and acc	or the exc urate an	empti d tha	ion stated in t t my signatur	Section 119.07(3)(1), Fiorida Statutes. I turther certify that the information re shall have the same legal effect as if made under oath; that I am an		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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								