

FILE NOW

FEE AFTER MAY 1 IS \$2.00

CORPORATION
ANNUAL REPORT
1995



REVENUE DEPARTMENT, STATE
Cecilia B. Morris
Secretary of State
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S27957** (7)

95 FEB 21 AM 9:21

1. Corporation Name
TUDOR INN, INC.

Original Place of Business
**5782 NW 9TH AVE
FT LAUDERDALE FL 33309**

Mailing Address
**5782 NW 9TH AVE
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 01/28/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0246125	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Place of Business	2a. Mailing Address
22. City & State	27. City & State
23. Zip	28. Zip
24. County	25. County
26. Court	30. Court

9. Name and Address of Current Registered Agent

**GILMOUR, ROBERT D.
5782 NW 9TH AVE
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. State
06. Zip

11. Pursuant to the provisions of Sections 215.01 and 215.02, Florida Statutes, the abovesigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as the case may be. Each 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GILMOUR, ROBERT D
STREET ADDRESS	5782 NW 9TH AVE
CITY & ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If)

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN MAGEAN
STREET ADDRESS	5782 NW 9TH AVE
CITY & ZIP	FT LAUDERDALE, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & ZIP	

14. I declare I am duly qualified to submit this statement in compliance with the provisions of the Florida Statutes and qualify for the exemption stated in Section 607.0105, Florida Statutes. I declare that I am a resident of the State of Florida and that my signature shall have the same legal effect as if made by me in person. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation.

SIGNATURE: *Robert Gilmore* Robert Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR