

File Now. Filing Fee after May 1 is \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1. Name and Mailing Address of Corporation DOCUMENT # S45290 (1)

BERMUDA INN, INC.  
64 S OCEAN BLVD  
DELRAY BEACH FL 33483-6946

1995 MAY -1 PM 12:40

TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

If above mailing address is incorrect in any way, file through incorrect information and make correction in Block 2.

3. Date incorporated or Qualified 3a. Date of Last Report  
04/15/1991 4-30-94

4. Filing Fee \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$138.75 Supplemental Fee Not Required

21	2a. Mailing Address	2a. Principal Place of Business
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25	Country	Zip
26	Country	Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

KERSTIN, JEROME T.  
64 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483

DECEASED 01-15-95

10. Name and Address of New Registered Agent

81	Name	KERSTIN EUGENIA
82	Street Address (P.O. Box Number is Not Acceptable)	64 SOUTH OCEAN BLVD.
83	City	DELRAY BEACH FL
84	City	DELRAY BEACH FL
85	Zip Code	33483
86	Country	FLORIDA

11. Payment to the provisions of Sections 607.0502 and 607.1504 or Sections 617.0502 and 617.1508, 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 responsibility as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Eugenia Kerstin

DATE X 4-25-95

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	D/P
1.2 NAME	KERSTIN, JEROME T.
1.3 ADDRESS	64 S. OCEAN BLVD.
1.4 CITY - ST - ZIP	DELRAY BEACH FL
2.1 TITLE	D/S
2.2 NAME	KERSTIN, EUGENIA
2.3 ADDRESS	64 S. OCEAN BLVD.
2.4 CITY - ST - ZIP	DELRAY BEACH FL
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY - ST - ZIP	

1.1 TITLE	DECEASED 01-15-95
1.2 NAME	
1.3 ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	600001478856
3.2 NAME	-05/08/95--01050--005
3.3 ADDRESS	****200.00 ****200.00
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	TAW
5.2 NAME	5-1-95
5.3 ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY - ST - ZIP	

14. I certify that the information included 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or Block 14 of this attachment with an address.

SIGNATURE X Eugenia Kerstin

SECRETARY DATE X 4-25-95

Print/Type Name of Signing Officer (Director)	EUGENIA KERSTIN
Title(s)	SECRETARY
Daytime Telephone Number	(904) 271-5288