

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45290** (1)
1. Corporation Name
BERMUDA INN, INC.



Principal Place of Business: **64 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483**
Mailing Address: **64 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified 04/15/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0266636	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent
**KERSTIN, EUGENIA
64 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0602 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: *Eugenia Morham* **D/S** DATE: **1/20/96**

12. OFFICERS AND DIRECTORS

11.1 TITLE	DS	<input type="checkbox"/> DELETE
11.2 NAME	KERSTIN, EUGENIA	
11.3 STREET ADDRESS	64 S. OCEAN BLVD.	
11.4 CITY-ST-ZIP	DELRAY BEACH FL	
11.5 TITLE		<input type="checkbox"/> DELETE
11.6 NAME		
11.7 STREET ADDRESS		
11.8 CITY-ST-ZIP		
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-ST-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Eugenia Morham* **D/S** DATE: **1/20/96** TELEPHONE: **407-276-5788**

CR2E034 (12/95)