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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(9)

ROCK LAKE MOTEL, INC.



| Principal Place of Business | | Mailing Address | | | | | |
|--|--|---|--|---|---|---------------------------|---------------------|
| 2930 PALM BEACH BLVD. FT. MYERS FL 33916 | | 2930 PALM BEACH BLVD. FT. MYERS FL 33916 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 05/01/1991 | 3a. Date of Las 01/26/ | |
| Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| | | 26 | | | 65-0257473 | | Not Applicab |
| Suite, Apt. #, | elc. | Suite Apt. #, etc | | | 5. Certificate of Status Desired | | .75 Additional |
| | | 27 | | | | | ee Required |
| City & State | | City & State | ,, | | 6. Election Campaign Financing | 1 1 | 5. 00 May Be |
| | | 28 | | | Trust Fund Contribution | A | dded to Fees |
| Zip | Country | Zip | Country | <i>(</i> | This corporation has liability for Honda Statutes Yes | intangible tax undi | ers 199.032, |
| | 25 | 29 | 30 | | 10. Name and Address of New F | | |
| | 9. Name and Address of Curren | t Hegistereo Agent | 81 | LiName | 10. Haile and Address of Haw | tegiotore rigott | |
| HOOR | MANIEDED IV | | | | | | |
| | WNIFRED W. | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptat | ole) | |
| | LM BEACH BLVD. RS FL 33916 | | 83 | | | | |
| FI. MTE | 49 LF 998 10 | | | | | · - ··· · | |
| | | | 84 | City | | FL 85 | Zip Code |
| Dun nath | the are inches of Spations 607 0506 | can i 607 1508 Flacida Statul | les the above | named corpo | oration submits this statement for the pu and of directors. Thereby accept the app | roose of changing | its registered off |
| GNATURE | | | | | | | |
| | ignature, sysed or bir find han in of resin here in gas to OFHCERS ANI | | Ya. Frequencia Age | or signal no for any | ADDITIONS/CHANGES TO OFF | FICERS AND DIRE | CTORS IN 12 |
| <u> </u> | OF HOERS ANI | | | of Signal no. for our | ADDITIONS/CHANGES TO OFF | | |
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| Z. TLE AME TREET ADDRESS | OFFICERS AND PST MOORE, WINIFRED W. | D DIRECTORS | 13. 1. 1 TIELE 1 2 NAME | T ADDRESS | ADDITIONS/CHANGES TO OFF | FICERS AND DIRE | nga 🔝 Additio |
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certify that the miormation indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made indeed oath; that I am an officer or director of the corporation or the receiver or trusted en-powered 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: 1