


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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S49171 1. Corporation Name ROCK LAKE MOTEL, INC.			
2. Principal Place of Business 2930 Palm Beach Blvd. Fort Myers, FL 33916		3a. Date of Last Report 01/30/97	
2. Principal Place of Business 2930 Palm Beach Blvd. Fort Myers, FL 33916		3. Date Incorporated or Qualified 05/01/91	
21. Suite, Apt. #, etc. Suite, Apt. #, etc.		4. FEI Number 65-0257473	
22. City & State City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent Moore, Winifred W. 2930 Palm Beach Blvd. Fort Myers, FL 33916		10. Name and Address of New Registered Agent 81. Name George, Carol Moore 82. Street Address (P.O. Box Number is Not Acceptable) 2930 Palm Beach Blvd. 83. 84. City Fort Myers	
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.		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SIGNATURE <i>Carol Moore George</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-14-98		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. OFFICERS AND DIRECTORS TITLE P/S/T <input checked="" type="checkbox"/> DELETE NAME Moore, Winifred W. STREET ADDRESS 2930 Palm Beach Blvd. CITY-ST-ZIP Fort Myers, FL 33916		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME Moore, Winifred W. STREET ADDRESS 2930 Palm Beach Blvd. CITY-ST-ZIP Fort Myers, FL 33916		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> DELETE NAME George, Carol Moore STREET ADDRESS 2930 Palm Beach Blvd. CITY-ST-ZIP Fort Myers, FL 33916		3.1 TITLE P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE AS <input type="checkbox"/> DELETE NAME George, Gary STREET ADDRESS 2930 Palm Beach Blvd. CITY-ST-ZIP Fort Myers, FL 33916		4.1 TITLE V <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carol Moore George</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 4-14-98 (941) 275-8237 Date Daytime Phone #	

CR2E034 (9/96)