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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S88442 (6)

1. Corporation Name
TOWN AND COUNTRY MOTEL, INC.



Principal Place of Business

150 NW 35 CT
OAKLAND PARK FL 33309

Mailing Address

150 NW 35 CT
OAKLAND PARK FL 33309-5210

*SOLD BUSINESS HOTEL INC. 7/26/95.
WANTS KEEP CORPORATION IN ORDER
LOOKING TO BUY ANOTHER BUSINESS. OAKLAND PARK FL*

2. Principal Place of Business
21 150 NW 35 CT. PARK FLA.

2a. Mailing Address
26 150 NW 35 CT FLA. 33309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

27 HOUSE
28 OAKLAND PARK FLA.

Zip

Country

Zip

Country

24

25

29

33309

30

USA.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/21/1991

3a. Date of Last Report
05/02/1996

4. FEI Number
59-3088686

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

FORTIER, REJEAN J.
150 NW 35 CT
OAKLAND PARK FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FORTIER, REJEAN J.
STREET ADDRESS 150 NE 35 CT
CITY - ST - ZIP OAKLAND PARK FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME Rejean J. Fortier
1.3 STREET ADDRESS 33309
1.4 CITY - ST - ZIP 150 NW 35 CT. OAKLAND PARK FLA.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 954-630-9714.
Date Daytime Phone #

CR2E034 (9/96)