

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S93994 (9)

1. Corporation Name  
**MACON INNKEEPERS, INC.**

FILED

98 NOV 22 AM 9:35

mwb  
 11-25-96

SECRETARY OF STATE



REINSTATEMENT 1996

Principal Place of Business Mailing Address  
 1787 N. CONGRESS AVENUE BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified <b>11/14/1991</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>65-0294987</b>	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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>1100 LINTON BLVD.</b>	2a. Mailing Address <b>1 CATE STREET</b>
22. Suite, Apt. #, etc. <b>STE C9</b>	27. Suite, Apt. #, etc. <b>SUITE 3</b>
23. City & State <b>DELRAY BEACH, FL</b>	28. City & State <b>PORTSMOUTH, NH</b>
24. Zip <b>33444</b>	29. Zip <b>03801</b>
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**AKRIDGE, DAVID**  
 1787 N. CONGRESS AVENUE  
 BOYNTON BEACH FL 33420

81. Name <b>AKRIDGE, DAVID</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1100 LINTON BLVD - STE C9</b>
83.
84. City <b>DELRAY BEACH</b>
85. State <b>FL</b>
86. Zip Code <b>33444</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>AKRIDGE, DAVID</b>	
STREET ADDRESS	<b>1787 N. CONGRESS</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WALSH, MICHAEL</b>	
STREET ADDRESS	<b>1787 N. CONGRESS AVE.</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>AKRIDGE, DAVID</b>		
1.3 STREET ADDRESS	<b>1100 LINTON BLVD - STE C9</b>		
1.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL 33444</b>		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>WALSH, MICHAEL</b>		
2.3 STREET ADDRESS	<b>1100 LINTON BLVD - STE C9</b>		
2.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL 33444</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<b>700002014307--2</b>		
3.4 CITY - ST - ZIP	<b>-11/26/96--01099--004</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	<b>***375.00</b>		
4.4 CITY - ST - ZIP	<b>***375.00</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 receiver empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in checked, or in an attachment, with the following address:

SIGNATURE: *[Signature]* DATE: **11-25-96**

CP2E034 (3/96)