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FILED
Jan 23 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 # V02838 (3)
 1. Corporation Name
HOSPITALITY MESSAGE SYSTEMS, INC.



Principal Place of Business: **303 CENTRE STREET SUITE 101 FERNANDINA BEACH FL 32034**
 Mailing Address: **P.O. BOX 8305 AMELIA ISLAND FL 32035-8305**

3. Date Incorporated or Qualified: **12/23/1991**
 3a. Date of Last Report: **08/14/1996**
 4. FEI Number: **59-3232035**
 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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
WOOD, MARSHALL E
303 CENTRE STREET
SUITE 101
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent
 B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 City: B4 City: B5 Zip Code: **FL**

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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, PETER W	
STREET ADDRESS	4111 SO. FLETCHER AVE.	
CITY - ST - ZIP	AMELIA ISLAND FL 32034	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLIFTON, DANIEL	
STREET ADDRESS	HIGHWAY 17 NORTH-AT TOM BURNEY RD.	
CITY - ST - ZIP	YULEE FL 32097	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEALAN, JACK B JR.	
STREET ADDRESS	6 HARRISON CREEK RD.	
CITY - ST - ZIP	AMELIA ISLAND FL 32034	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOOD, MARSHALL E	
STREET ADDRESS	12 BELTED KINGFISHER RD.	
CITY - ST - ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Peter W Smith* **PETER W SMITH** 1/17/97 912-638-5828
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #

CR2E034 (9/96)