

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V73949** (2)
1. Corporation Name
BOWLING GREEN HOTEL ASSETS, INC.

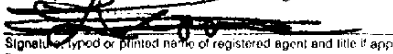
Principal Place of Business POB 3659 INDIALANTIC FL 32903	Mailing Address POB 3659 INDIALANTIC FL 32903
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/21/1992		3a. Date of Last Report 01/29/1996	
4. FEI Number 58-2016388		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent KOONIN, LAUREN B. 325 FIFTH AVE INDIALANTIC FL 32903				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 207 84 City FL 85 Zip Code			
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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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	VOLKERT, LEON H.	1.1 TITLE		1.2 NAME	
STREET ADDRESS		4116 N OCEAN DR., #700		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		LAUDERDALE BY THE SEA FL		2.1 TITLE		2.2 NAME	
TITLE	STD	NAME	KOONIN, LAUREN B.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		325 FIFTH AVE		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		INDIALANTIC FL		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	VD	NAME	FAUST, CHARLES R	4.1 TITLE		4.2 NAME	
STREET ADDRESS		4116 N. OCEAN DR., #700		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		LAUDERDALE BY THE SEA FL		5.1 TITLE		5.2 NAME	
TITLE	AS	NAME	HENDERSON, CHARISSE A	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		325 FIFTH AVENUE		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		INDIALANTIC FL		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	AS	NAME	GOLLEHON, LINDA				
STREET ADDRESS		4116 N. OCEAN DR., #700					
CITY-ST-ZIP		LAUDERDALE BY THE SEA FL					
TITLE		NAME					
STREET ADDRESS							
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:  4-15-97 407 725-7507

CR2E034 (9/96)