

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

FILED

93 JUN 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 341693
1. Corporation Name
CHRYSLIS HOTELS AND RESORTS CORP.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 10900 N.E. 8th Street Suite, Apt. #, etc.	25 10900 N.E. 8th Street Suite, Apt. #, etc.
22 Suite 900 City & State	27 Suite 900 City & State
23 Bellevue, WA Zip Country	28 Bellevue, WA Zip Country
24 98004 25 U.S.A.	29 98004 30 U.S.A.

3. Date Incorporated or Qualified
2/17/69

4. FEI Number **59-0940641**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

G.F. Labrozzi
700 W. Hillsboro Blvd.
Bldg 3, Suite 101
Deerfield Beach, FL 33441

10. Name and Address of New Registered Agent

81 Name **United Corporate Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **N.E. 167th Street**
83 **Suite 300**
84 City **North Miami Beach** 85 Zip Code **FL 33162**

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 *Michael A. Barr* **Michael A. Barr President** 6/22/98
Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO/Director <input checked="" type="checkbox"/> DELETE
NAME	G.F. Labrozi
STREET ADDRESS	801 Brickell Ave., Suite 932
CITY-ST-ZIP	Miami, FL 33131
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Gregory L. Paige
STREET ADDRESS	801 Brickell Ave., Suite 932
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas Morikawa
1.3 STREET ADDRESS	10900 NE 8th St., Suite 900
1.4 CITY-ST-ZIP	Bellevue, WA 98004
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brent Nelson
2.3 STREET ADDRESS	10900 NE 8th St., Suite 900
2.4 CITY-ST-ZIP	Bellevue, WA 98004
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100002571641
3.3 STREET ADDRESS	-06/24/98--01090--016
3.4 CITY-ST-ZIP	*****550.00 *****550.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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.

CP2E034 (10/97)

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PROFIT CORPORATION ANNUAL REPORT 1998



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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22	Suite 900 City & State	27	Suite 900 City & State	4. FEI Number	
23	Bellevue, WA Zip	28	Bellevue, WA Zip	59-0940641	
24	98004	29	98004	Applied For	
25	U.S.A.	30	U.S.A.	Not Applicable	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
G.F. Labrozzi 700 W. Hillsboro Blvd. Bldg 3, Suite 101 Deerfield Beach, FL 33441				81 Name United Corporate Services, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) N.E. 167th Street			
				83 Suite 300			
				84 City North Miami Beach			
				FL 85 Zip Code 33162			

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 *Michael A. Barr* **Michael A. Barr President** 6/22/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO/Director	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (10/97)
NAME	G.F. Labrozzi		1.2 NAME	Thomas Morikawa			
STREET ADDRESS	801 Brickell Ave., Suite 932		1.3 STREET ADDRESS	10900 NE 3th St., Suite 900			
CITY-ST-ZIP	Miami, FL 33131		1.4 CITY-ST-ZIP	Bellevue, WA 98004			
TITLE	Director	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Gregory L. Paige		2.2 NAME	Brent Nelson			
STREET ADDRESS	801 Brickell Ave., Suite 932		2.3 STREET ADDRESS	10900 NE 8th St., Suite 900			
CITY-ST-ZIP	Miami, FL 33131		2.4 CITY-ST-ZIP	Bellevue, WA 98004			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME	100002571641-5			
STREET ADDRESS			3.3 STREET ADDRESS	-06/24/98--01030--016			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****550.00 ****550.00			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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425 (88) 3021