

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

FILED
May 12 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 # F92000000253 (6)
 1. Corporation Name
LAKE PARK FLORIDA HOTEL CORP.



Principal Place of Business 14180 DALLAS PARKWAY SUITE 810 DALLAS TX 75240 US	Mailing Address 14180 DALLAS PARKWAY SUITE 810 DALLAS TX 75240-4341 US
---	--

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

3. Date Incorporated or Qualified 11/16/1992	3a. Date of Last Report 12/31/1996
4. FEI Number 65-0368125	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHER, RICHARD L	
STREET ADDRESS	299 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EDELMAN, MARTIN L	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LELAND, MARC	
STREET ADDRESS	1001 19TH STREET N.	
CITY-ST-ZIP	ARLINGTON VA 22209	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENNETT, MONTY	
STREET ADDRESS	14180 DALLAS PARKWAY, STE. 810	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KIMICHIK, DAVID	
STREET ADDRESS	14180 DALLAS PARKWAY, STE. 810	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **DAVID KIMICHIK** 4-18-97 972-490-9600

CR2E034 (9/96)