


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 035 ***150.00

. PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000253

1. Corporation Name
LAKE PARK FLORIDA HOTEL CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14180 DALLAS PARKWAY SUITE 810 DALLAS TX 75240 US	Mailing Address 14180 DALLAS PARKWAY SUITE 810 DALLAS TX 75240 US
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3. Date Incorporated or Qualified 11/16/1992	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <input type="checkbox"/>	2a. Mailing Address 26 <input type="checkbox"/>
Suite, Apt. #, etc. 22 <input type="checkbox"/>	Suite, Apt. #, etc. 27 <input type="checkbox"/>
City & State 23 <input type="checkbox"/>	City & State 28 <input type="checkbox"/>
Zip 24 <input type="checkbox"/>	Country 25 <input type="checkbox"/>
Zip 29 <input type="checkbox"/>	Country 30 <input type="checkbox"/>

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RICHARD L	1.2 NAME	
STREET ADDRESS	299 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, MARTIN L	2.2 NAME	
STREET ADDRESS	280 PARK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND, MARC	3.2 NAME	
STREET ADDRESS	1001 19TH STREET N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22209	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MONTY	4.2 NAME	
STREET ADDRESS	14180 DALLAS PARKWAY, STE. 810	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	4.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMICHIK, DAVID	5.2 NAME	
STREET ADDRESS	14180 DALLAS PARKWAY, STE. 810	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	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	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-19-99 972-778-9283
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)