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740
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ANNUAL REPORT

1995



95 MAR -1 PM 4:30

DOCUMENT # F93000001795 (4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PALM BAY FLORIDA HOTEL CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business PACIFIC CENTER 1 14180 DALLAS PKWY. STE 900 DALLAS TX 75240-4376 US	Mailing Address PACIFIC CENTER 1 14180 DALLAS PKWY. STE 900 DALLAS TX 75240-4376 US
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3. Date Incorporated or Qualified 04/13/1993	3a. Date of Last Report 03/09/1994
4. FEI Number 59-3175330	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
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
FL 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

OFF	PD
NAME	FISTER, RICHARD L
STREET ADDRESS	299 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY 10017
OFF	VSD
NAME	EDELMAN, MARTIN L
STREET ADDRESS	280 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY 10017
OFF	VD
NAME	LELAND, MARC
STREET ADDRESS	POTOMAC TOWER, 1001 19TH STREET NORTH
CITY, ST, ZIP	ARLINGTON VA 22209
OFF	AS
NAME	SLAYTON, JOHN
STREET ADDRESS	POTOMAC TOWER, 1001 19TH STREET NORTH
CITY, ST, ZIP	ARLINGTON VA 22209
OFF	VD
NAME	BENNETT, MONTY
STREET ADDRESS	PACIFIC CENTER 1, 14180 DALLAS PKWY
CITY, ST, ZIP	DALLAS TX
OFF	VT
NAME	KIMICHIK, DAVID
STREET ADDRESS	PACIFIC CENTER 1, 14180 DALLAS PKWY
CITY, ST, ZIP	DALLAS TX

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Kimichik* **David Kimichik** 2/19/95 214-490-9600
(Date) (Title)